

**WEST VIRGINIA RACING COMMISSION
SUPPLEMENTAL PURSE AWARD CLAIM**

West Virginia Racing Commission
106 Dee Drive, Suite 2
Charleston, West Virginia 25311

Date _____
FEIN / SSAN _____ (last 4 digits of Tax ID #)
FAX # 304.558.6319

All claims must be submitted to the WV Racing Commission within 15 days from the date the purse is awarded

I _____ **claim award**
Please Print Name

for _____
Print Name of Horse

as **Owner** **Breeder** **Sire Owner** **for Race #** _____
Please check all that apply

at **Hollywood Casino** **Mountaineer Park** **on** _____
Please check one *Date*

I understand that, in the event of falsification of any of the information over my signature hereon, I am subject to be punished to the full extent of the authority of the West Virginia Racing Commission.

Signed _____

Licensed Stable Name _____ Address _____

For West Virginia Racing Commission Use

Claim No.	_____	Residency No.	_____
Purse	_____	Winner's Share	_____
Owner Verified	_____	Owner Award	_____
Dam Verified	_____	Dam Award	_____
Sire Verified	_____	Sire Award	_____
		Total due	_____
Check No.	_____	Voucher No.	_____
Date	_____	For the West Virginia Racing Commission	

Note: Incomplete applications will be returned to the applicant for further necessary information and payment will be made only on complete forms.