

THE JOCKEY CLUB
P.O. BOX 90
JAMAICA, NY 11417
Direct Line: 718-296-5146

APPOINTMENT OF AGENT FORM
This form must be used to appoint an agent
for racing purposes.

FEE: \$25.00

***** RENEWABLE DECEMBER 31st OF EVERY YEAR *****

Complete and return form with fee to: The Jockey Club, P.O. Box 90, Jamaica, NY 11417

STABLE NAME: _____ NAME OF OWNER: I _____, appoint

NAME OF AGENT: _____ AS MY AUTHORIZED AGENT.

(AGENTS SIGNATURE: _____)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ - _____ - _____ LAST 4 SS # - _____)

To act for me in the year 2021 solely for matters pertaining to racing of my horses in the state of New York, including the ability to claim horses from or enter horses in claiming races. This form does not extend authority of the agent to transfer ownership of horses other than through claiming races.

NAME OF OWNER: _____ LAST 4 SS # - _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ - _____ - _____

Signature and Certification:

The undersigned certifies that he/she is a Thoroughbred owner, that the undersigned has full power and authority to execute and file this report and to receive requested documents from The Jockey Club and all information supplied on this form is complete and accurate.

OWNERS SIGNATURE: _____ DATE: _____ 2021

PRINT NAME: _____

***** FURTHER AUTHORITY TO ACT IN FINANCIAL MATTERS *****

I further constitute, appoint, and empower the aforesaid Agent to act as my true and lawful attorney in fact for me and in my name, place and stead to endorse any checks made payable to me by any racing association for the payment of monies due me for stakes or purses earned by me; and to direct the transfer of any funds to my credit with any racing association.

YES _____ NO _____ X _____
(Signature of Owner)

NOTARIZATION:

Subscribed and sworn before me this _____ day of _____, 2021

SIGNATURE of NOTARY: _____ My Commission Expires: _____

COUNTY: _____ STATE: _____ INTERNAL USE ONLY: _____

***** FAXES ARE NOT ACCEPTED FOR FINANCIAL AUTHORIZATION *****

Form cannot be processed without payment.

Aqueduct Fax: 718-835-2362 Belmont Fax: 516-488-6644 Saratoga Fax: 518-226-0621