



PURSE RELEASE AUTHORIZATION

PLEASE CHECK ALL THAT APPLY. ☐ OWNER ☐ TRAINER ☐ DRIVER

☐ CSOA MEMBER ELIGIBLE FOR EARLY PURSE RELEASE

(See Reverse Side for Agreement)

ALL PURSE MONIES WILL BE RELEASED TO THE FIRST OWNER FOR ALL OWNERSHIP COMBINATIONS.

ALL OWNER CHECKS WILL BE MADE PAYABLE TO OWNERSHIP EXACTLY AS IT APPEARS ON THE JUDGE'S SHEETS.

THE FOLLOWING FORMS MUST BE COMPLETED CORRECTLY FOR PAYMENT PROCESSING:

- ☐ IRS FORM W9 (Driver, Trainer and 1st Owner)
- ☐ DIRECT DEPOSIT AUTHORIZATION AGREEMENT (Driver, Trainer and 1st Owner)
- ☐ PURSE RELEASE AUTHORIZATION (Driver, Trainer, and Owner. This includes all partners listed on Judge's sheet and Corresponding Officers of Stables)

PLEASE PRINT ALL INFORMATION.

USTA Membership #'s and Expiration dates must be included

SIGNATURES OF ALL OWNERS ARE REQUIRED

1ST OWNER'S OR DRIVER/TRAINER NAME: USTA MEMBER # / DATE EXPIRES

/

EMAIL: PHONE:

SIGNATURE: DATE:

2ND OWNER'S NAME: USTA MEMBER # / DATE EXPIRES

/

EMAIL: PHONE:

SIGNATURE: DATE:

3RD OWNER'S NAME: USTA MEMBER # / DATE EXPIRES

/

EMAIL: PHONE:

SIGNATURE: DATE:

4TH OWNER'S NAME: USTA MEMBER # / DATE EXPIRES

/

EMAIL: PHONE:

SIGNATURE: DATE:

PLEASE RETURN COMPLETED FORM TO:

ROSECROFT RACEWAY
ATTN: HORSEMEN'S BOOKKEEPER
6336 ROSECROFT DRIVE
FT. WASHINGTON, MD 20744

301-567-4500 EXT. 506
FAX 301-567-1053
mary.mcdermott@rosecroft.com



Direct Deposit Authorization Agreement

Authorization Agreement

I hereby authorize **Rosecroft** to initiate automatic deposits to my account at the financial institution named below.

Further, I agree not to hold **Rosecroft** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Rosecroft** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Horsemen's Bookkeeper.

A separate Direct Deposit Authorization Agreement must be completed for every partnership.

Please attach a voided check and/or a savings account deposit slip for verification of your pay distribution requests.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

☐☐

Personal Information

Name : _____

Address: _____

Phone: _____

Email: _____

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check or deposit slip and return this form to the Horsemen's Bookkeeper. Email: mary.mcdermott@rosecroft.com

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
<input type="text"/>	<input type="text"/>
or	
Employer identification number	
<input type="text"/>	<input type="text"/>

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

EARLY PURSE RELEASE AUTHORIZATION AGREEMENT FOR CSOA MEMBERS

This Agreement is expressly contingent on the Trainer and all Owner(s) being current member(s) in good standing with Cloverleaf Standardbred Owners' Association (CSOA). This Early Purse release Agreement ("Agreement") is made this _____ day of _____, 20____, between _____, with a principal address of _____

_____ ("Owner") and Prince George's Racing Ventures, LLC, a Delaware Corporation, with a principal mailing address of 6336 Rosecroft Drive, Fort Washington, MD 20744.

WHEREAS, Owner owns and/or trains and/or drives Standardbred race horses that compete at Rosecroft (the "Track"); and;

WHEREAS, Owner wishes for payment of any winning purse money to be distributed in accordance with the purse distribution schedule after the race has been declared official by the Judges; and;

WHEREAS, the Purse Account has agreed to provide for such payment of purse money on the terms and conditions as set forth in this Agreement.

NOW, THEREFORE, the parties hereto, in consideration of the terms set forth herein, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, with the intent to be legally bound as follows:

1. The Track agrees that it will release purse money to the Owner in accordance with the purse distribution schedule for untested horses, excluding monies earned for stake races.
2. Horsemen understands and acknowledges that the purpose of this purse release agreement is to facilitate the release of purse money prior to the receipt of drug testing results. Owner agrees that if a drug test sample taken from Owner's horse is reported to the Maryland Racing Commission to be positive for a prohibited substance, Owner, upon written notice from the Commission, shall repay to the Track the purse money earned and paid to the Owner from the race in which the horse tested positive. Such repayment shall occur immediately, and if such repayment does not occur within fourteen (14) days from the date of notice of the positive test; 1) the Track shall notify the Maryland Racing Commission and request that the Owner's horse racing privileges be immediately suspended until the purse money is repaid, and 2) Tracks shall not accept any entries from Owner or on his behalf until such time as the purse money is repaid.
3. Owner shall indemnify, defend and hold harmless the Track, their employees, agents, consultants and CSOA from and against any and all claims, demands, actions, suits, liabilities, damages and losses, which arise out of or relate to this Agreement.
4. All terms, conditions and obligations described within this Agreement shall be interpreted and governed by Maryland law.
5. No delay, failure or waiver of either party's exercise or partial exercise of any right or remedy under this Agreement shall operate to limit, impair, preclude, cancel, waive or otherwise affect such right or remedy. Election of one remedy shall not preclude the use of other remedies.
6. If any provision of this Agreement is held invalid, illegal or unenforceable, the validity, legality or enforceability of the remaining provisions shall in no way be affected or impaired thereby.
7. Owner may not assign delegate this Agreement or any of its rights or obligations hereunder, whether by operation of law or otherwise, without the prior written consent of Association.
8. This Agreement contains the final and entire agreement of the parties and all other agreements, whether oral or written, made with respect to the subject and the transactions contemplated by this Agreement shall have no force or effect. No amendments, supplements or waivers of any provision of this Agreement shall be valid unless by an instrument in writing, signed by both parties hereto.

IN WITNESS WHEREOF, and intending to be legally bound hereby, the parties hereto have signed this Agreement.

OWNER:

By: _____

Printed Name: _____

Title: _____

Date: _____

AUTHORIZED ADMINISTRATOR:

By: _____

Printed Name: _____

Title: _____

Date: _____