



HORSEMEN HELPING HORSEMEN

I AM A MEMBER OF THE KENTUCKY HORSEMEN'S
BENEVOLENT AND PROTECTIVE ASSOCIATION.
I UNDERSTAND THAT I AM ENTITLED TO ALL BENEFITS
ESTABLISHED BY THE HBPA FOR ITS MEMBERS.

I hereby appoint the Kentucky Horsemen's Benevolent and Protective Association, Inc. to act as my sole and exclusive agent and representative for the purpose of negotiating and executing, or refusing to execute, with Thoroughbred race tracks in Kentucky any and all contracts and agreements relating to Thoroughbred racing in the state. By this appointment, I hereby revoke any and all previous authorities given by me for similar purposes.

NAME: (PLEASE PRINT) _____

STABLE, CORPORATION, SYNDICATE OR FARM (IF APPLICABLE) (as appears on program): _____

MANAGING PARTNER: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE: _____ EMAIL: _____

(CHECK ONE) OWNER ☐ TRAINER ☐ OWNER/TRAINER ☐ KRC LICENSE # _____

SIGNATURE: _____ DATE: _____



**Horsemen Helping Horsemen
Since 1940**

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