

Trainer / Driver Retirement Savings Plan



Pennsylvania Harness Horsemen's Association Participation Statement

I hereby apply for participation in the Pennsylvania Harness Horsemen's Association Retirement Plan for Trainers and Drivers. I have been advised that I must be a member of the P.H.H.A. for the current calendar year.

You have informed me that a copy of this Plan is available for review at the Harrah's Philadelphia and Mohegan Sun offices upon my request.

Personal Information

I certify to the Committee that my date of birth is:

- -
Month Day Year

My Social Security Number is:

- -

NAME

STREET ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL

BENEFICIARY

RELATION

USTA#

TRAINER

DRIVER

It is your obligation to notify the offices of the Pennsylvania Harness Horsemen's Association of any changes due to death, separation, divorce, etc.

SIGNATURE

DATE

NOTARY

DATE