

ADDENDUM TO MULTI-JURISDICTIONAL RACING LICENSE (Exhibit A)

Delaware Park Race Track & Slots
777 Delaware Park Blvd.
Wilmington, DE 19804
Phone (302) 994-2521 ext. 7138 or 7258

License For: 1 2 3 Years
(Circle one)

- 1. Name: (as listed on license application) _____
- 2. Owner/Trainer/Jockey (Circle one)
- 3. Date of Birth: _____
- 4. Address: _____
- 5. Cell #: _____ Home #: _____ Work #: _____ Fax #: _____
- 6. E-Mail Address: _____
- 7. Trainer's Name: _____
- 8. Horses are to be run under the name of: * _____
(*How ownership will appear on program)
- 9. Are horses leased? YES _____ NO _____
- 10. Is this a Partnership? YES _____ NO _____
- 11. Print names of Partners:
Name: _____ Signature: _____ %: _____
Name: _____ Signature: _____ %: _____
Name: _____ Signature: _____ %: _____
Name: _____ Signature: _____ %: _____
Signature of Managing Partner: _____

LIST BELOW THE FEDERAL IDENTIFICATION NUMBER USED TO REPORT PURSE INCOME TO THE I.R.S. IN LIEU OF FILLING OUT AN IRS FORM W-9.

- 12. Name under which income is reported to IRS: _____
(Only one name is needed)

OUT OF CHOICES BELOW, LIST ONLY ONE NUMBER ASSOCIATED WITH THE INCOME FOR THE NAME LISTED ON THE LINE ABOVE.

- 13. A. U.S. Social Security Number: _____
 (Individual/Sole Proprietor)
- B. U.S. Federal ID Number: _____
 (Partnerships/Corporations/other and Individuals Racing Under Stable Name)
- C. U.S. ITIN #: _____
 (Individual taxpayer ID#-primarily used by people living in countries other than USA)

- 14. Do you authorize deductions out of your horseman's account via transfer slips from Hoofprints, Inc. and DelPark TV for photos, tapes, fines and appeals?
Yes: _____ No: _____

SIGNATURE: _____

DATE: _____

TO APPOINT AN AUTHORIZED AGENT SEE EXHIBIT "C"

Revision: 04/20/2010

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| FOR USE BY STATE ONLY: _____ Expiration Date |
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