



STATE OF ARKANSAS
**Department of Finance
and Administration**

ARKANSAS RACING COMMISSION
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Little Rock, Arkansas 72203-3076
Phone: (501) 682-1467
Fax: (501) 682-5273
www.state.ar.us/dfa

NOTIFICATION OF EXCLUSION TO TRAINER 10% PROGRAM

**To: The Horsemen's Bookkeeper at Oaklawn Park - FAX 501-701-1379 or email
thoffrogge@oaklawn.com.**

Trainers Name: _____

The undersigned hereby notifies the Horsemen's Bookkeeper to not deduct from my owner's account and deposit into the account of any trainer, 10% (unless otherwise noted) of the purse for first, second or third on any horse in which I have an interest.

Horse Owner: _____

Stable Name: _____

List all Racing Partnerships in which you have an interest:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

This undersigned understands that this notification is effective only at Oaklawn Park and applies to all horses in which the person or entity indicated above has an interest, until revoked in writing. The undersigned also declares that he/she is authorized to act on behalf of all entities listed above.

Owner Signature or Authorized Agent Signature

Date

Print Name