

# West Virginia Racing Commission Supplemental Purse Award Claim

West Virginia Racing Commission  
900 Pennsylvania Avenue Suite 533  
Charleston WV 25302  
Phone: 304.558.2150  
Fax: 304.558.6319

Date \_\_\_\_\_  
FEIN / SSAN \_\_\_\_\_ (last 4 digits of Tax ID #)  
Email: [Racing.Supplemental.Purse@wv.gov](mailto:Racing.Supplemental.Purse@wv.gov)

All claims must be submitted to the WV Racing Commission within 15 days from the date the purse is awarded

I \_\_\_\_\_ submit this claim award  
*Please Print Name*

for \_\_\_\_\_  
*Print Name of Horse*

as ☐ Owner ☐ Breeder ☐ Sire Owner  
*Please check all that apply*

for Race # \_\_\_\_\_

at ☐ Hollywood Casino ☐ Mountaineer Park  
*Please check one*

on \_\_\_\_\_  
*Date*

*I understand that, in the event of falsification of any of the information over my signature hereon, I am subject to be punished to the full extent of the authority of the West Virginia Racing Commission.*

Signed \_\_\_\_\_

Licensed Stable Name \_\_\_\_\_

Address \_\_\_\_\_

## For West Virginia Racing Commission Use

Claim No. \_\_\_\_\_

Residency No. \_\_\_\_\_

Purse \_\_\_\_\_

Winner's Share \_\_\_\_\_

Owner Verified \_\_\_\_\_

Owner Award \_\_\_\_\_

Dam Verified \_\_\_\_\_

Dam Award \_\_\_\_\_

Sire Verified \_\_\_\_\_

Sire Award \_\_\_\_\_

Total due \_\_\_\_\_

Check No. \_\_\_\_\_

Voucher No. \_\_\_\_\_

Date \_\_\_\_\_

For the West Virginia Racing Commission

Note: Incomplete applications will be returned to the applicant for further necessary information and payment will be made only on complete forms.