

New England HBPA Benevolence Trainer's Form

Please Print:

Date: / /

1. Name of Trainer: _____

a. Social Security # _____

b. Date of Birth ____/____/____

Phone # you can be reached at _____

Email you can be reached at _____

2. Address: _____

3. How many years have you raced in Massachusetts? _____

4. How many horses do you train today? _____

a. List the horse(s) and when they last raced (use other side if needed)

i. Horse

Last Raced

5. How many horses have you trained in the past 12 months? _____

6. List the owners that you train for: (use the other side if needed)

a. _____

b. _____

c. _____

7. Do you earn a living as a trainer? _____

8. Do you have medical coverage? _____

9. Do you have other source of compensation or income? _____ If so explain

10. Are you racing at another track and can or do receive benefits from another HBPA?

a. If so list details

11. Please add comments as to why you need benevolence: Benevolence is for Medical Bills, Financial Hardships, Past Due Utilities, Taxes, Rent or Mortgage

Print Name: _____

Sign Name: _____

Send To; NEHBPA PO BOX 550247 North Waltham MA 02455

Review and approval by committee: