

# Iowa Horsemen's Benevolent and Protective Association's COVID-19 Horsemen Dorm Room Assistance Form

This program has been created by the Iowa HBPA and is intended to help trainers cover expenses they have incurred during COVID-19 while moving to Prairie Meadows. To qualify you must comply with the requirements presented in the "Iowa Horsemen's Benevolent and Protective Association's COVID-19 Horsemen Dorm Room Assistance Program & Policy". By signing this form, you acknowledge your compliance and acceptance of the stated program and policies.

Trainer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Number of Dorm Rooms Assigned by Prairie Meadows: \_\_\_\_\_

Amount Applying For: \_\_\_\_\_

Signature of Trainer: \_\_\_\_\_

License # \_\_\_\_\_

Date: \_\_\_\_\_

Signature Of HBPA Employee: \_\_\_\_\_ Date: \_\_\_\_\_

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## For Office Use Only

Approved By HBPA Board Member: \_\_\_\_\_

You are Approved for \$ \_\_\_\_\_

You have been Denied for \$ \_\_\_\_\_ Explanation: \_\_\_\_\_

Payment Made To: \_\_\_\_\_

Check # \_\_\_\_\_ Check Amount: \$ \_\_\_\_\_ Date Check was Written \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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