

Iowa Horsemen's Benevolent and Protective Association's COVID-19 Horsemen 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 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 Thoroughbreds on PRM Backside: _____

Amount Applying For: _____

Signature of Trainer or Assistant: _____

License # _____

Date: _____

Signature Of HBPA Employee: _____ Date: _____

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 ____ / ____ / ____
