



Video Request Form

| Race(s) Requested | | | |
|-------------------|---------------|------------|----------------|
| | Race Date(s): | Race #(s): | Horse Name(s): |
| 1 | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ |
| 4 | _____ | _____ | _____ |
| 5 | _____ | _____ | _____ |

Name: _____

Phone: _____

E-mail: _____

Shipping Address: _____

Cost: \$20 per race
Please make checks payable to Yonkers Racing Corp.

Send to: Attn: Broadcast Department
 Yonkers Raceway
 810 Yonkers Avenue
 Yonkers, NY 10704

| Official Use Only -- Do Not Write Below | | | | | | | | | | | |
|---|-------|------------|------------|-------|-----------|-------|------|-------|-----------|-----------|-------|
| | | Total Cost | # of races | _____ | x \$20 = | _____ | | | | | |
| Request received | Date: | _____ | phone | _____ | e-mail | _____ | form | _____ | Initials: | _____ | |
| Payment received | Date: | _____ | check | _____ | | | | | | Initials: | _____ |
| Dub Completed | Date: | _____ | | | | | | | | Initials: | _____ |
| Dub Delivered | Date: | _____ | mailed | _____ | in person | _____ | | | | Initials: | _____ |