Card #: _____

Pin #: _____

Amount Received: _____

Received By: _____

Date: _____

HANDICAPPING CONTEST ENTRY FORM

First Name | MI | Last Name | Suffix

Address | Apt #

City | State | Zip

E-mail

Phone Number

Social Security Number

Form of Payment: ☐ Cash ☐ Cashier's Check

See official rules at a Customer Service Booth or www.hollywoodpark.com or www.baymeadows.com.

Card #: _____

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