

Karen Hornbecker Memorial Injured Rider Fund Application

Request for Action

Please fill out completely as missing information will only delay consideration of the request.

Date of Incident: _____

Rider name: _____ Rider #: _____

Address: _____

City/State/Zip: _____

Reason for Request: _____

Contact person: _____

Phone number/address: _____

Race Information:

Class: _____ Race #: _____ Where on track: _____

Any additional information: _____

By my signature of applicant or representative I agree to adhere to the guidelines for funds.

Signature: _____

To contact a representative of the fund for additional information see below:

Jim Rich
PO Box 444
Foxboro, MA 02035
Phone: 508-369-4847
Fax: 866-543-4752
jrich62@hotmail.com