

**MANITOBA GREAT WESTERN HARNESS RACING CIRCUIT INC.
RAIN OUT INSURANCE CLAIM**

NAME OF TRACK _____

MAILING ADDRESS _____ POSTAL CODE _____

PRESIDING OFFICER _____

ADDRESS _____ PHONE _____

DAY OF RAIN-OUT _____ DATE ____ / ____ / ____

Please fill in the spaces below, the amounts your Association paid out in lieu of your Rained Out Day.

1. The amounts claimed cannot exceed the amounts agreed to in contracts between suppliers and Manitoba Great Western Harness Racing Circuit, Inc. at the beginning of this season.
2. Payment of claim will be sent out by the Treasurer as soon as possible. It will be made in two payments, 50% on approval of claim and the remaining after the conclusion of the racing circuit season.
3. One form must be made for each rain-out day.
4. No payment will be made unless the member tracks annual premiums have been paid.

5. PLEASE ATTACH RECEIPTS OR COPIES OF STATEMENTS OR PHOTOCOPIES OF CHEQUES TO CONFIRM PAYMENTS. NO PAYMENT WILL BE MADE UNLESS RECEIPTS ARE ATTACHED.

First Responders _____

Pari-mutuel Manager _____

Programs (less amount sold in advance) _____

Pari-mutuel machines _____

Starting Gate _____

Vet Fees _____

*Local Advertising _____

**License Fees' Memberships Insurance Premium.

Other _____

TOTAL _____

*Advertising costs less sponsorship and advertising sales.

**Include Standardbred Canada and Manitoba Horse Racing Commission.

**Exclude MGWHRC fee and Rain Out Insurance premium.

CERTIFICATION This is to certify that the information contained in the above claim is correct and these payments have been made.

PRESIDING OFFICER.
