



Trainer / Driver Retirement Savings Plan

Pennsylvania Harness Horsemen's Association Participation Statement

I hereby apply for participation in the Pennsylvania Harness Horsemen's Association Retirement Plan for Trainers and Drivers. I have been advised that I must be a member of the P.H.H.A. for the 2010 calendar year.

You have informed me that a copy of this Plan is available for review at the Harrah's Chester, Mohegan Sun, and Lemoyne Offices upon my request.

I certify to the Committee that my date of birth is _____;

My Social Security Number is _____;

Address _____

City _____

State _____ Zip _____

Beneficiary _____ Relation _____

It is your obligation to notify the offices of the Pennsylvania Harness Horsemen's Association of any changes due to death, separation, divorce, etc.

Participant Signature

Date

Print Your Name

Notary

Date