



2024 Stakes Nomination Form

Mail or Email nominations to Lauren Largent:

Address: 1925 Harrison Dr. Evanston, WY 82930

Email: raceoffice@wydowns.com

Phone: (307) 679-3105

**PAYMENTS ARE NON-REFUNDABLE, INCLUDE COPIES OF HORSE PAPERS, W-9 NEEDED

**Make check payable to: Wyoming Downs Racetrack LLC

**May pay with debit, credit card, or on Square.com

**DO NOT COMBINE DIFFERENT STAKE PAYMENTS ON ONE CHECK, PLEASE SPECIFY WHICH HORSE AND WHICH RACE ON THE MEMO OF CHECK

***Stakes Races:** Ron Cook Wyoming Bred Futurity, KC Carden Wyoming Bred Derby, Wyoming Downs Futurity, Wyoming Downs Derby, Wyoming Downs Thoroughbred Futurity, Wyoming Downs Thoroughbred Derby, Gary Waite Maiden Stakes

RACE: _____ HORSE: _____ AGE IN 2024: _____

SIRE: _____ DAM: _____ WY Bred: ___ Y/N _____

OWNER: _____ TRAINER: _____

RACE: _____ HORSE: _____ AGE IN 2024: _____

SIRE: _____ DAM: _____ WY Bred: ___ Y/N _____

OWNER: _____ TRAINER: _____

RACE: _____ HORSE: _____ AGE IN 2024: _____

SIRE: _____ DAM: _____ WY Bred: ___ Y/N _____

OWNER: _____ TRAINER: _____

RACE: _____ HORSE: _____ AGE IN 2024: _____

SIRE: _____ DAM: _____ WY Bred: ___ Y/N _____

OWNER: _____ TRAINER: _____

RACE: _____ HORSE: _____ AGE IN 2024: _____

SIRE: _____ DAM: _____ WY Bred: ___ Y/N _____

OWNER: _____ TRAINER: _____

RACE: _____ HORSE: _____ AGE IN 2024: _____

SIRE: _____ DAM: _____ WY Bred: ___ Y/N _____

OWNER: _____ TRAINER: _____

RACE: _____ HORSE: _____ AGE IN 2024: _____

SIRE: _____ DAM: _____ WY Bred: ___ Y/N _____

OWNER: _____ TRAINER: _____

RACE: _____ HORSE: _____ AGE IN 2024: _____

SIRE: _____ DAM: _____ WY Bred: ___ Y/N _____

OWNER: _____ TRAINER: _____

***Owner Information**

First: _____ Last: _____

Address: _____

Email: _____ Phone: _____

***Contact Information Required**

***Nominator Information**

First: _____ Last: _____

Address: _____

Email: _____ Phone: _____

***Contact Information Required**

***Payment Information**

Name on Card: _____

Card Number: _____

Expiration Date: _____ CVV: _____ Billing Zip: _____

Authorization Signature: _____

*Provide description of payment amount, horse, which race, and/or if you want card charged every month for payment: