

WMRRA

Injured Rider or National Race Support Request Form

Date Requested: _____

Circle One: Injured Rider Fund or National Race Support

Amount Requested: _____

Make check payable to:

Name: _____ Rider Number: _____

Mailing Address: _____

Purpose / Reason for Request: _____

Turn completed form into your Rider Representative.

<p><u>Board Use Only:</u></p> <p>If Declined - Reason: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><u>If Approved:</u></p> <p>Check #: _____</p> <p>Amount Approved: _____</p> <p>Date Mailed: _____ By: _____</p>
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