

**Turf Paradise**  
**TRAINER PAY 10% Opt In**

I choose to opt into the INCOMPASS program that will pay my Trainer 10% from my purse money earned. I understand that the 10% will automatically Distribute the funds when the purse is posted. Please return this notarized form to:

Horsemen's Bookkeeper, Turf Paradise  
1501 W Bell Rd, Phoenix, AZ 85023

In the event that Owner/Trainer discontinues our working relationship, I will contact the Horsemen's Bookkeeper to opt out of this program and sign/notarize the appropriate documents. Wendy Hobson, HBPA officer, is a Notary Public, M-F 8:00a.m to 4:00p.m.

\_\_\_\_\_  
\*Owners name or Partnership name(s)

\_\_\_\_\_  
\* Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
\*Phone \_\_\_\_\_ \*cell \_\_\_\_\_ \* email \_\_\_\_\_

\_\_\_\_\_  
\*Trainer's name \_\_\_\_\_ \* Trainer's Signature \_\_\_\_\_

\_\_\_\_\_  
\*Effective date \_\_\_\_\_ \*date signed \_\_\_\_\_

\*Required fields

**Notary Acknowledgement**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public, do hereby certify that on

this day \_\_\_\_\_, 20\_\_\_\_, personally appeared before me \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument, and swore and acknowledged to me that he/she executed the same for the purpose and in the capacity therein expressed, and the statements contained therein are true can correct.

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_

Name, typed or printed \_\_\_\_\_

My Commission expires: \_\_\_\_\_