



**NEW YORK STATE  
RACING & WAGERING REQUEST FOR REINSTATEMENT**

This form is to be completed by patron requesting reinstatement to Saratoga Casino and Raceway pursuant to NYS codes of Rules & Regulation 9 Executive 4123 (harness). All information contained in this form is confidential.

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**Please print or type the answers to the following questions in the spaces provided.**

1. **NAME:** \_\_\_\_\_  
LAST, FIRST, MIDDLE (Sr., Jr., etc., if applicable)

2. **Do you use any other name or names:**     Yes     No  
If yes, list the additional names(s) below, (include maiden name, aliases, nicknames, or any other name):

\_\_\_\_\_

3. Home Address: \_\_\_\_\_  
Number, Street, Apt#, City, State & Zip Code

4. Home Telephone #: (\_\_\_\_\_) \_\_\_\_\_  
(Area Code) Number

5. Social Security\*#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
\*Disclosure of your Social Security Number is voluntary.

6. Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month                      Day                      Year

"I certify that the information which I have provided above is true and accurate. I am aware that my signature below constitutes a request for reinstatement of my previous request for exclusion, and authorizes the agent to reinstate my racing privileges. Further, I agree to have the agent, if approved, send a copy of my request for reinstatement of racing privileges to each racing facility located within New York State".

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return to:    Saratoga Casino and Raceway  
P.O. Box 356, 342 Jefferson Street  
Saratoga Springs, New York 12866  
Attn: Bruce Cogan / Director of Compliance