



Application for NYRA Bets Account Wagering Card

Full Name: _____ **Date of Birth:** _____
First M/I Last Month Day Year

Address: _____
Street Apt/Ste

City State Zip

Primary Phone: _____ **Alt. Phone (optional):** _____

Email: _____ **Social Security No.:** _____

Occupation (mandatory): _____

Access Code for Telephone Wagering: _____
(2-8 LETTERS WITH NO NUMBERS)

FOR ONLINE WAGERING

Username: _____ **Password:** _____
(4-8 CHARACTERS NO SPACES OR SYMBOLS ALLOWED) (MINIMUM 8 CHARACTERS)

I hereby request that the New York Racing Association, Inc., issue me a NYRA BETS account wagering card. In consideration for the issuance of the account card, I agree that I have read, accept, and agree to abide by NYRA's rules and regulations pertaining to the NYRA BETS program. Moreover, I agree that NYRA will not be responsible to me for funds charged to my account as a result of any unauthorized use of the card and/or password code. By my signature below, I attest that I am (18) years or older. Falsifying information on this application can result in criminal prosecution and forfeiture of funds on deposit.

SECURITY QUESTIONS

GROUP A: PLEASE ANSWER ONE (1) QUESTION FROM GROUP A

- What is you mother's maiden name?** _____
- Who is you all-time favorite jockey?** _____
- What is your favorite automobile?** _____

GROUP B: PLEASE ANSWER ONE (1) QUESTION FROM GROUP B

- What was your first pet's name?** _____
- Who is you all-time favorite horse?** _____
- What is your city of birth?** _____

NYRA CAREFULLY SAFEGUARDS OUR MEMBERS' PRIVACY AND SECURITY. ANY MISUSE OF ACCOUNTS, INCLUDING, BUT NOT LIMITED TO FRAUDULENT OF SUSPICIOUS ACTIVITY, WILL BE REPORTED TO LAW ENFORCEMENT AGENCIES.

New Account #: _____

Replacement? (check here)

Old Account #: _____

X _____
Signature Date

PLEASE INCLUDE A PHOTOCOPY OF YOUR DRIVER'S LICENSE OR ID CARD ISSUED BY A STATE THAT CONTAINS A PHOTOGRAPH, YOUR NAME, DOB, GENDER, HEIGHT, EYE COLOR AND ADDRESS.