# BACKSTRETCH EMPLOYEE REGISTRATION

MARYLAND THOROUGHBRED HORSEMEN'S ASSOCIATION, Inc.

## PERSONAL INFORMATION

| | | | |
|---|---|---|---|
| Name: | | Age: | ☐ Male ☐ Female |
| Address: | | Date of Birth: | ☐ Married ☐ Single |
| City: | State: Zip: | Social Security Number: | |
| Phone Number: | Email Address: | MRC Badge Number: | |
| Emergency Contact: | Emergency Phone Number: | MRC Badge Type: | |

## EMPLOYMENT INFORMATION

| | | |
|---|---|---|
| ☐ Trainer ☐ Hotwalker ☐ Other ☐ Groom ☐ Exercise Rider _____ | Employer: | |
| Yearly Gross Salary: | Years With Employer: | Years Of Service In Industry: |

## INSURANCE INFORMATION

| | | |
|---|---|---|
| Carrier: | Group #: | Member #: |

## ADDITIONAL INFORMATION

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_____

## OFFICE USE ONLY

| | |
|---|---|
| Date: | Approved By: |

Signature: _____