



MOHEGAN PENNSYLVANIA

Claim Account Deposit Form

Name of Depositor: _____ Phone #: _____

Amount: \$ _____

Deposit to Account (please list full ownership EXACTLY as it appears in the USTA):

Signature: _____ Date: _____

Bookkeeper Use Only (Incompass Accounts)

Mailing Address:

Downs Racing, LP
Mohegan Pennsylvania
Attn: Horsemen's Bookkeeper
1280 Highway 315
Wilkes-Barre, PA 18702

Email Address:

horsebook@mohegansunpocono.com
Phone: 570-831-3561
Fax #: 570-824-9036