



**Finger Lakes Racetrack
Stable Area Access Request**



PLEASE PRINT

Date of Application: _____
Fecha

Employer's Info: Contacto de empleadores	Name: _____	Phone: _____		
	Nombre _____	Telefono _____		
	Address: _____	Street Calle	City Ciudad	State Estado

Name of employee / contractor:				
Nombre del trabajador	Last Apellido	First Nombre Dado	Middle Nombre medio	
Position : (list all titles) Titulo profesional _____				
Address: (current)				
Direccion	Street Calle	City Ciudad	State Estado	Zip Codigo Postal
How long at this address?: Cuanto tiempo en esta direccion? _____		Phone: () - _____ Telefono		
NYS Racing License #: Numero de licencia de carreras _____		Expiration Date: Fecha de vencimiento _____		
Has this person traveled outside of the 9 county Finger Lakes Region during the past 14 days? (Ontario, Monroe, Wayne, Yates, Seneca, Livingston, Orleans, Genesee, Wyoming counties) Ha viajado esta persona fuera de las region de Finger Lakes durante los ultimos 14 dias?			YES <input type="checkbox"/> NO <input type="checkbox"/>	
' If YES, Please explain for what purpose and for how long ----> _____ _____ <small>(Per policy, 14 day self-isolation or Neg COVID test may be required)</small>				

Last Employer: Ultimo empleador	Name: _____ Nombre	Phone: _____ Telefono
	Length of Employment: _____ Duracion del empleo	

Will this worker need a dorm? Yes No If yes, complete the separate dorm application
Empleado necesita un dormitorio

As the requesting employer, I understand that I am responsible for the accuracy and completeness of this application and that I will ensure that all FLGR policies, NYGC rules and all NYS COVID-19 public health mandates guidelines are being followed by this employee while they are working on the property

Employer Signature _____ **Date:** _____

OFFICE USE ONLY			
Reviewed by: _____	Date: _____		
Approved: Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments: _____	