



7301 W. 25th Street, Suite 321  
North Riverside, IL 60546

Phone: 847-577-6464  
Fax: 847-577-6694

## Eyesight Program

**Date:**

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**Name of Applicant:**

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**Phone:**

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**Email:**

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**Address:**

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**Licensed as:**

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**Employer (Trainer):**

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### Requirements:

- Current Illinois Racing Board license
- Proof of IL residency (IL Driver's license or Secretary of State Issued ID)
- Hiring trainer must have stabled horses at Hawthorne within the past 365 days.
- Copy of Invoice/Bill (Coverage is 80% of invoice up to \$200 maximum pay)

I understand that simply filling this form does not guarantee approval of benefits offered by the IBCF. Any benevolence must be approved by the IBCF Board of Directors.

**Signature:**

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*Patti Miller*  
**President**

*David McCaffrey*  
**Executive Director**