



State of Michigan
 Office of the Executive Director
 Horse Racing Section
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 Detroit, MI 48202
 Phone: (313) 456-4100
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 www.michigan.gov/mgcb

FAILURE TO MERGE A COMMON POOL REPORT

Date:	Track:																																													
Host Track:	Race No:																																													
Pool Types and Amounts Not Merged																																														
Win: _____ Place: _____ Show: _____ Exacta: _____ Trifecta: _____ Other (list): _____ Other (list) _____																																														
Describe the circumstances that led to the failure to merge:																																														
Was the pool refunded? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, complete the next section.																																														
Winning wagers paid at host track prices																																														
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 25%;">Type of Pool</th> <th style="width: 15%;">Net Pool</th> <th style="width: 15%;">Runner Pay</th> <th style="width: 15%;">Breakage</th> <th style="width: 20%;">Amount Over/Short</th> </tr> </thead> <tbody> <tr><td>Win</td><td></td><td></td><td></td><td></td></tr> <tr><td>Place</td><td></td><td></td><td></td><td></td></tr> <tr><td>Show</td><td></td><td></td><td></td><td></td></tr> <tr><td>Exacta</td><td></td><td></td><td></td><td></td></tr> <tr><td>Trifecta</td><td></td><td></td><td></td><td></td></tr> <tr><td>Other</td><td></td><td></td><td></td><td></td></tr> <tr><td>Other</td><td></td><td></td><td></td><td></td></tr> <tr><td>Total</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>		Type of Pool	Net Pool	Runner Pay	Breakage	Amount Over/Short	Win					Place					Show					Exacta					Trifecta					Other					Other					Total				
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Attach a copy of the Prices Report from the tote company showing the payoff price, the winning dollar amount and the total runner pay.

I certify that the foregoing information is true and accurate to the best of my knowledge, information and belief. I agree to comply with the provisions of Public Act 279, of 1995, as amended, and the rules issued in accordance therewith.

 Signature of Mutuel Manager or Designee

 Date

This report must be submitted to the Michigan Gaming Control Board within 24 hours.