**To collect the Post Racing Bonus this application must be**

FOR OFFICE USE ONLY

Date Received:

Mail  Fax  Email 

Date Entered:

Processed By:

**submitted no later than November 20.**

1. Have the horse verified at every recognized event hosted by participating industry associations. A list of associations may be found online in the Breeding Programs section (Quarter Horse) at [www.ontarioracing.com](http://www.ontarioracing.com).
2. Submit this application form, along with **evidence that the horse has raced In Ontario in a Quarter Horse race** (available from AQHA records and/or official race records from Ajax Downs (formerly Picov Downs) or Fort Erie Race Track or equibase.com).
3. Submit a copy of the horse’s AQHA Certificate of Registration that indicates the current owner-of-record.

**The Post Racing Bonus will be paid to the owner-of-record that appears on the horse’s Certificate of Registration.**

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| **Horse Information** | | | |
| **Competition Name of Horse** | | **Breed** | |
| **Name of Horse on Certificate of Registration** | | | **Year of Birth** |
| **Registration Number or ID** | **Tattoo Number** | | **Gender**  **Mare Stallion Gelding** |

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| **Owner of Record Contact Information** | | | | | | |
| **Last Name (print)** | | **First Name (print)** | | | \_\_\_\_ Mr.  \_\_\_\_ Dr. | \_\_\_\_\_ Mrs.  \_\_\_\_\_ Ms. |
| **Address (the POST RACING BONUS will be sent here)** | | | | | **Date of Birth** (**dd/mm/yyyy)** | |
| **City / Town** | | | | **Province** | **Postal/Zip Code** | |
| **Phone (home/bus)** | **Cell Phone** | | **Email** | | | |
| **I declare I am the owner of the above-named horse under AQHA records, and that I understand and comply with the requirements of the Post Racing Bonus Program as administered by Ontario Racing.**  **NOTE: The Program Administrator reserves the right to amend, cancel or alter the Program and/or make changes to the terms, conditions, and benefits of any nature and kind whatsoever and, the signatories of this form hereby agree to be bound by such changes.**  **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date** (dd/mm/yyyy): \_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |

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| **Statement of Guardian [If the above named owner is a minor, the following must be completed.]** | |
| I hereby agree to assume all responsibility and indebtedness incurred by the minor named above. | |
| **Signature of Guardian** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date (dd/mm/yyyy):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **GUARDIAN NAME (First/Last)** | **GUARDIAN PHONE CONTACT** |

**FORM CONTINUES ON REVERSE**

* To support your application for the Post Racing Bonus, please provide the following event participation history.
* Event results can be found on-line at participating industry association websites.
* PRINT clearly or type, **only one Division/Class per line.**
* Supplementary Participation History Sheet is available if necessary.

**All results must be initialed by the Association representative before submitting to Ontario Racing**

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| **Participation History** | | | | | | |
| **Event/Show Name** | **Date** | **Industry**  **Association** | **Division/Class**  **Entered** | **Placing 1,2,3 or**  **Participated** | **Name of Rider** | **Association Rep Initials** |
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| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |
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| 6. |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |
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| **Industry Association Signatures** | | | |
| Each participant must have the above results verified with a signature from the industry association representative at the end of the competition season for all associations with which he/she participated. I, as the participating industry association representative, hereby confirm that the results for the horse and rider combinations recorded on this application are true and correct to the best of my knowledge. | | | |
| **Association (Print)** | **Association Representative (Print)** | **Signature** | **Date: (dd/mm/yyyy)** |
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| **Privacy And Consent** | |
| I give the Quarter Horse Racing Industry Development Program permission to share my contact information (including by electronic means) for the purpose of **administering** the Quarter Horse Racing Industry Development Programs.  I give the Quarter Horse Racing Industry Development Program permission to share my contact information (including by electronic means) for the purpose of **marketing** the Quarter Horse Racing Industry Development Programs.  Signature: X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ❑YES ❑NO  ❑YES ❑NO |

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| **Submit the Post Racing Bonus Application by November 20 to:** | |
| **Ontario Racing**  **Attention: Quarter Horse Program**  c/o Woodbine Mohawk Park  PO Box 160, Campbellville, ON L0P 1B0 | **Phone:** (416) 576-6298 **Fax:** (416) 477-5499  **Email:** [QHProgram@ontarioracing.com](mailto:QHProgram@ontarioracing.com) |