



**Ontario Quarter Horse Racing Industry Development Program
Post Racing Bonus Application**



**2022
Season**

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

| | | |
|---------------------|--------------------------|------------------------------|
| FOR OFFICE USE ONLY | | |
| Date Received: | _____ | |
| Date Entered: | _____ | |
| Processed By: | _____ | |
| Confirmation Date: | _____ | |
| Mail | <input type="checkbox"/> | Fax <input type="checkbox"/> |
| Email | <input type="checkbox"/> | |

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

| 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 |

| Owner of Record Contact Information | | |
|---|--------------|---|
| Last Name | First Name | _____ Mr. _____ Mrs. _____ Dr. _____ Ms. |
| Address (the POST RACING BONUS will be sent here) | | Date of Birth _____ dd/mm/yyyy |
| City / Town | Province | Postal/Zip Code |
| Phone (home) | Phone (bus.) | Cell Phone |
| Email | Fax | |

| 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



**Ontario Quarter Horse Racing Industry Development Program
Post Racing Bonus Application**



**2022
Season**

- 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

| Participation History | | | | | | |
|-----------------------|------|----------------------|------------------------|-------------------------------|---------------|--------------------------|
| Event/Show Name | Date | Industry Association | Division/Class Entered | Placing 1,2,3 or Participated | Name of Rider | Association Rep Initials |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |
| 11. | | | | | | |

| 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) |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| 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. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 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. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Signature: X _____ | |

| 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) 477-5529 Fax: (416) 477-5499 Email: QHPprogram@ontarioracing.com |