



Post Racing Bonus Application

2016 Season

To collect the Post Racing Bonus this application must be submitted not 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 at the 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).
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 here.	
_____ Signature of Guardian	_____ Date (dd/mm/yyyy)
GUARDIAN NAME (First/Last)	GUARDIAN PHONE CONTACT

FORM CONTINUES ON REVERSE



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- 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 event per line | Attach additional sheet(s) if necessary.

Participation History						
Event	Date	Industry Association	Division Entered	Placing or Participated	Name of Rider	Association Rep Initials
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

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	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 10 Carlson Court, Suite 400, Toronto ON M9W 6L2	Phone: (416) 213-1800 Email: QHPProgram@ontarioracing.com