



**Ontario Quarter Horse Racing Industry Development Program  
Change of Contact Information**



Complete this form if your contact information has changed since the time of your original enrolment with the program.

Your contact information will be updated for all ownership groups attached to your enrolment record.

FOR OFFICE USE ONLY:

Date Received: \_\_\_\_\_

Date Entered: \_\_\_\_\_

Processed By: \_\_\_\_\_

Confirmation Date: \_\_\_\_\_

Mail  Fax  Email

**PREVIOUS CONTACT INFORMATION**

Last Name		First Name		<input type="checkbox"/> Mr.	<input type="checkbox"/> Dr.
				<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.
Address					
City / Town		Province	Postal Code		
Phone (home)	Phone (bus.)		Cell Phone		
Email			Fax		

**NEW CONTACT INFORMATION**

Last Name		First Name		<input type="checkbox"/> Mr.	<input type="checkbox"/> Dr.
				<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.
Address					
City / Town		Province	Postal Code		
Phone (home)	Phone (bus.)		Cell Phone		
Email			Fax		

**DECLARATION OF RESIDENCY**

I hereby declare that I am a resident of Ontario, whose principal residence is in Ontario.  YES  NO

**X** \_\_\_\_\_  
Signature Date (dd/mm/yyyy)

**PRIVACY & CONSENT**

I give the Program Registry permission to share my contact information for the purpose of marketing the Ontario Quarter Horse Racing Industry Development Program

YES  NO **X** \_\_\_\_\_  
Signature Date (dd/mm/yyyy)

**COMPLETED FORMS SHOULD BE SENT TO:**

**By Mail:** Quarter Horse Racing Industry Development Program  
c/o Ontario Racing  
400 - 10 Carlson Court  
Toronto, ON M9W 6L2  
**By Fax:** (416) 477-5499  
**By Email:** qhprogram@ontarioracing.com

**For information regarding the Program, contact the Quarter Horse Program Coordinator:**

**By Phone:** (416) 477-5529  
**By Fax:** (416) 477-5499  
**By Email:** qhprogram@ontarioracing.com