

Ontario Quarter Horse Racing Industry Development Program Post Racing Bonus Application



2018 Season

To collect the Post Racing Bonus this application must be submitted no later than November 20.

- 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.
- 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 🔲 Fax 🔲 Email 🔲

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	Breed				
Name of Horse on Certificate of Registration				Year of Birth				
Registration Number or ID	T	Tattoo Number				Stallion	Gelding	
Owner of Record Cont	act Inform	ation						
Last Name		First Name				Mr Mrs Ms.		
Address (the POST RACING BON	JS will be sent	here)			Date o	f Birth		
						dd/mm/yyyy		
City / Town				Province	Postal	/Zip Code		
Phone (home)	Phone (bus.)			Cell Phone				
Email				Fax				
Statement of Guardian	[If the abov	e named owner	r is a minor	the following	ı must be o	completed 1		
I hereby agree to assume all res						omplotou.		
Signature o	f 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 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 Placing or Entered Participated		Name of Rider	Association Rep Initials		
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
season for all associat	tions with which combinations re	results verified with a signer/she participated. I, as ecorded on this application Association Represe	the participating indunate true and correct	stry association repres	sentative, hereby conf vledge.			
ASSOCIATION	Print) Association Representa		iitative	Signature	Date.	Date. (dd/iiiii/yyyy)		
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Submit the Post Racing Bonus Application by November 20 to:

Ontario Racing
Attention: Quarter Horse Program
400 - 10 Carlson Court, Toronto, ON M9W 6L2

Phone: (416) 477-5529 Fax: (416) 477-5499 Email: QHProgram@ontarioracing.com