



**ONTARIO QUARTER HORSE RACING INDUSTRY DEVELOPMENT PROGRAM
POST RACING BONUS APPLICATION**

2010

To collect the Post Racing Bonus submit this application by November 20, 2010.

1. Have the horse verified at every recognized event hosted by participating industry associations (2010):
 - Ontario Barrel Racing Association (OBRA)
 - National Barrel Horse Association (NBHA)
 - Eastern Canadian Barrel Futurities (ECBF)
 - Ontario Rodeo Association (ORA)
 - Dodge Rodeo Tour
2. Submit this application form, along with **evidence that the horse has raced at Ajax Downs**, formerly Picov Downs (available from AQHA records and/or official race records from Ajax Downs).
3. Submit a copy of the horse's Certificate of Registration (AQHA, APHA, ApHCC, or as recognized at time of racing) recording 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
Name of Horse on Certificate of Registration		Year of Birth
Registration Number or ID	Tattoo Number	Sex Mare Stallion Gelding

OWNER OF RECORD CONTACT INFORMATION			
Last Name		First Name	
		<input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> 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



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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.

PARTICIPATION HISTORY						
Event	Date	Industry Association	Division Entered	Placing or Participated	Name of Rider	Association Representative Initials

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 Representative:	Signature:	Date: (dd/mm/yyyy)
ECBF			
NBHA			
OBRA			
ORA			
Dodge Rodeo Tour			

PRIVACY AND CONSENT

I give the *Ontario Quarter Horse Racing Industry Development Program* permission to share my contact information (including by electronic means) for the purpose of **administering** the *Ontario Quarter Horse Racing Industry Development Programs*.
 YES NO
 Signature: _____

I give the *Ontario Quarter Horse Racing Industry Development Program* permission to share my contact information (including by electronic means) for the purpose of **marketing** the *Ontario Quarter Horse Racing Industry Development Programs*.
 YES NO
 Signature: _____

SUBMIT THE POST RACING BONUS APPLICATION BY NOVEMBER 20, 2010 TO:

Quarter Horse Program Coordinator, C/O Ontario Racing Commission
 10 Carlson Court, Suite 400, Toronto, Ontario M9W 6L2
Phone: (416) 213-0520
By Fax: (416) 213-7827
By Email: qhprogram@ontarioracingcommission.ca

Program criteria is available on-line at:
www.ontarioracingcommission.ca