

Ontario Quarter Horse Racing Industry Development Program Post Racing Bonus Application



2024 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.
- 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 Recei	ved:					
Mail 🗖	Fax 🗖	Email 🗖				
Date Entered:						
Processed By:						
Confirmation Date:						

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	Ta	Tattoo Number			Gender Mare Stallion Gelding	
Owner of Record Cont	act Inform	ation				
Last Name		First Name		Mr Mrs 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 abov	e named owne	r is a minoı	r, the following	must be completed.]	
I hereby agree to assume all res	ponsibility and	indebtedness inc	urred by the	minor named abo	ve.	
Signature of Guardian		Date (dd/mm/yyyy)				
GUARDIAN NAME (First/Last)		GUARDIAN PHONE CONTACT				

FORM CONTINUES ON REVERSE

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c/o Woodbine Mohawk Park

PO Box 160, Campbellville, ON L0P 1B0

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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	Thotory					1	
Event/Show Name	Date	Industry Association	Division/Clas Entered	s Placing 1,2,3 or Participated	Name of Rider	Association Rep Initials	
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
Industry Ass	ociation Sig	natures					
season for all associa	ations with which h	e/she participated. I, as	the participating i	dustry association represendustry association represence to the best of my knowns.	sentative, hereby conf		
Association (Print)		Association Represer (Print)	ntative	Signature	Date: (Date: (dd/mm/yyyy)	
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	<u> </u>				L		
Privacy And	Consent						
		y Development Program	permission to sha	are my contact information	(including by	□ YES □ NO	
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Email: QHProgram@ontarioracing.com