



Ontario Quarter Horse Racing Industry Development Program Post Racing Incentive Application



2025
Season

To collect the Post Racing Incentive this application must be submitted no 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 on the Quarter Horse page on 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 Received: _____

Mail Fax Email

Date Entered: _____

Processed By: _____

The Post Racing Incentive will be paid to the owner-of-record that appears on the horse's Certificate of Registration.

Horse Information	
Name of Horse on Certificate of Registration	
Competition Name of Horse	Breed
Registration Number or ID	Year of Birth

Owner of Record Contact Information		
Last Name (print)	First Name (print)	
Address (the POST RACING INCENTIVE will be sent here)		Date of Birth (dd/mm/yyyy)
City / Town		Province
Phone (home/bus)	Cell Phone	Email
I declare I am the owner of the above-named horse under AQHA records, and that I understand and comply with the requirements of the Post Racing Incentive Program as administered by Ontario Racing.		
NOTE: The Program Administrator reserves the right to amend, cancel or alter the Program and/or make changes to the terms, conditions, and benefits of any nature and kind whatsoever and, the signatories of this form hereby agree to be bound by such changes.		
Signature: _____		Date (dd/mm/yyyy): _____

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 above.	
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 Incentive, please provide the following event participation history.
- Event results may be found on-line at participating industry association websites.
- PRINT clearly or type, **only one Event>Show 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	Show Dates (from Date to Date)	Industry Association	Total Number of Runs/Classes at Event>Show	Name of Rider	Assoc Rep Initials
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

Industry Association Signatures			
Association (Print)	Association Representative (Print)	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 Incentive Application by November 20 to:	
Ontario Racing Attention: Quarter Horse Program c/o Woodbine Mohawk Park PO Box 160, Campbellville, ON L0P 1B0	Phone: (416) 576-6298 Email: QHProgram@ontarioracing.com



Post Racing Incentive Supplementary Participation History Sheet



- Attach this sheet to your Post Racing Incentive Application
- To support your application for the Post Racing Incentive, please provide the following event participation history.
- Event results may be found on-line at participating industry association websites.
- PRINT clearly or type, **only one Event>Show per line.**

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25.					

Signature of Owner or Guardian: X _____

Submit the Post Racing Incentive Application by November 20 to:

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