



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

**2009**

**To collect the Post Racing Bonus submit this application by November 20, 2009.**

1. Have the horse verified at every recognized event hosted by participating industry associations (2009):
  - Ontario Barrel Racing Association
  - National Barrel Horse Association
  - Eastern Canadian Barrel Futurities
  - 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<br>Mare      Stallion      Gelding |

| OWNER OF RECORD CONTACT INFORMATION               |              |            |                                      |   |
|---|--------------|------------|--------------------------------------|---|
| Last Name   |              | First Name |                                      | <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.<br><input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. |
| Address (the POST RACING BONUS will be sent here) |              |            | Date of Birth<br>_____<br>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 |
|----------------------------|------------------------|



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 Hosting | Division Entered | Placing or Participated | Name of Rider |
|                       |      |                              |                  |                         |               |
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| PRIVACY AND CONSENT  |  |
|--|--|
| <p>I give the <i>Ontario Quarter Horse Racing Industry Development Program</i> permission to share my contact information (including by electronic means) for the purpose of <b>administering</b> the <i>Ontario Quarter Horse Racing Industry Development Programs</i>.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Signature: _____</p> | <p>I give the <i>Ontario Quarter Horse Racing Industry Development Program</i> permission to share my contact information (including by electronic means) for the purpose of <b>marketing</b> the <i>Ontario Quarter Horse Racing Industry Development Programs</i>.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Signature: _____</p> |

**SUBMIT THE POST RACING BONUS APPLICATION BY NOVEMBER 20, 2009 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](mailto:qhprogram@ontarioracingcommission.ca)

*Program criteria is available on-line at:*  
**[www.ontarioracingcommission.ca](http://www.ontarioracingcommission.ca)**