



THE OWNER OR LESSEE OF A HORSE MUST ENROL BEFORE RECORDS FOR HORSES CAN BE CREATED

You may enrol on behalf of:

- **Yourself** - where you are the individual owner or lessee of horses
- **A Minor** - where you are the legal guardian
- **A Partnership / Limited Partnership** - in which you are a partner/part-owner
- **A Syndicate/Corporation** - in which you are a shareholder

FOR OFFICE USE ONLY:			
Date Received:	_____	Mail <input type="checkbox"/>	Fax <input type="checkbox"/>
		Email <input type="checkbox"/>	
Date Entered:	_____		
Processed By:	_____		
Confirmation Date:	_____	Mail <input type="checkbox"/>	Fax <input type="checkbox"/>
		Email <input type="checkbox"/>	

All enrolments must include **CONTACT INFORMATION**, and completion of the **Declaration of Residency (page 1)** and the **MANDATORY DECLARATION (page 2)**. Contact information with the Program Registry must be current and renewed annually in order to receive Program benefits.

CONTACT INFORMATION			
Last Name		First Name	
		<input type="checkbox"/> Mr.	<input type="checkbox"/> Dr.
		<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.
Address - ALL CORRESPONDENCE AND AWARDS FROM THE PROGRAM WILL BE SENT HERE			Date of Birth (dd/mm/yyyy)
City / Town		Province/State	Postal/Zip Code
Phone (home)	Phone (business)	Cell Phone	Fax
Email		AQHA ID (Member) #:	AGCO Licence # (6 digits) HP
Name Recorded with AQHA ID #			
Is there an AQHA recorded stable name attached to this AQHA ID #?		<input type="checkbox"/> YES <input type="checkbox"/> NO	AQHA Recorded Stable Name:
DECLARATION OF RESIDENCY - If the above named owner is a minor, Guardian must sign.			
I hereby declare that I am a resident of Ontario, whose principal residence is in Ontario. <input type="checkbox"/> YES <input type="checkbox"/> NO			
X _____		_____	
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.			
X _____		_____	
Signature of Guardian		Date (dd/mm/yyyy)	
GUARDIAN NAME (First/Last)		GUARDIAN CONTACT PHONE	AGCO LICENCE # (6 digits)
YOU MUST COMPLETE AND SIGN ALL DECLARATIONS ON BOTH SIDES OF THIS FORM			



A stable, farm, corporation, limited partnership or syndicate is considered to be Ontario Resident, IF:

- The stable, farm, corporation, limited partnership or syndicate is registered with the AQHA, AND
- The primary business location is in the Province of Ontario, AND
- At least one member of the registered stable, farm, corporation, limited partnership or syndicate is an Ontario Resident.

PARTNERSHIP / LIMITED PARTNERSHIP for which you are the Corresponding Officer:

AQHA ID #	Name Recorded with AQHA ID #	
Is there an AQHA recorded stable name attached to this AQHA ID #? <input type="checkbox"/> YES <input type="checkbox"/> NO	AQHA Recorded Stable Name	
The partnership is Ontario Resident? <input type="checkbox"/> YES <input type="checkbox"/> NO	% of Total Ownership that is Ontario Resident	

SYNDICATE OR CORPORATION for which you are the Corresponding Officer:

AQHA ID #	Name Recorded with AQHA ID #	
Is there an AQHA recorded stable name attached to this AQHA ID #? <input type="checkbox"/> YES <input type="checkbox"/> NO	AQHA Recorded Stable Name	
The Syndicate or Corporation is Ontario Resident? <input type="checkbox"/> YES <input type="checkbox"/> NO	% of Total Ownership that is Ontario Resident	

MANDATORY DECLARATION

Your signature below constitutes your agreement to all conditions

I, the undersigned, certify that I have full power and authority to execute and file this application and that each person or entity having ownership interest in horses to which this application may apply has full knowledge of the filing of this document. I further certify that each person or entity having ownership interest in horses to which this application may apply has authorized me to complete and file this application form and that I have full power and authority to receive any requested or related documents from Ontario Racing.

I understand that the Program Registry may share my contact information (including by electronic means) for the purpose of administering the Ontario Quarter Horse Racing Industry Development Program.

I agree to comply with the Horse Racing Licence Act, 2015, and the Rules of Thoroughbred Racing and Rules of Quarter Horse Racing of the Alcohol and Gaming Commission of Ontario (AGCO).

I further certify that information on this form is complete and correct, and I hereby assume full responsibility for the information provided.

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.

X

Signature of Applicant (or Guardian if applicant under 18)

Date (dd/mm/yyyy)

PRIVACY AND CONSENT

I give the Program Registry permission to share my contact information (including by electronic means) for the purpose of marketing the Ontario Quarter Horse Racing Industry Development Program.

YES

NO

Signature: **X** _____

Completed forms should be sent to:

By Mail: Ontario Racing
c/o Woodbine Mohawk Park
PO Box 160, Campbellville, ON L0P 1B0
Attention: Quarter Horse Program

By Fax: (416) 477-5499

By Email: qhprogram@ontarioracing.com

For information regarding the Program contact the Quarter Horse Program Coordinator via:

Phone: (416) 576-6298

Fax: (416) 477-5499

Email: qhprogram@ontarioracing.com