



# Ontario Quarter Horse Racing Industry Development Program Post Racing Incentive Application



## 2026 Season

**To collect the Post Racing Bonus 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 online in the Breeding Programs section (Quarter Horse) at [www.ontarioracing.com](http://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 equibase.com).
3. Submit a copy of the horse's AQHA Certificate of Registration that indicates the current owner-of-record.

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

**The Post Racing Bonus 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)	___ Mr.	___ Mrs.
		___ Dr.	___ Ms.
Address (the POST RACING BONUS will be sent here)		Date of Birth (dd/mm/yyyy)	
City / Town		Province	Postal/Zip Code
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 Bonus 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**



**Ontario Quarter Horse Racing Industry Development Program  
Post Racing Incentive Application**



**2026  
Season**

- To support your application for the Post Racing Bonus, 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 at Show	Name of Rider	Assoc Rep Initials
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

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 (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 <b>administering</b> 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 <b>marketing</b> the Quarter Horse Racing Industry Development Programs.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Signature:      X _____	

Submit the Post Racing Bonus Application by November 20 to:	
<b>Ontario Racing</b> <b>Attention: Quarter Horse Program</b> c/o Woodbine Mohawk Park PO Box 160, Campbellville, ON L0P 1B0	<b>Phone:</b> (416) 576-6298 <b>Fax :</b> (416) 477 5499 <b>Email:</b> <a href="mailto:QHProgram@ontarioracing.com">QHProgram@ontarioracing.com</a>