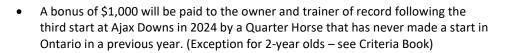


Ontario Quarter Horse Racing Industry Development Program Third-Start Bonus Application



- Owners and trainers must submit a 2024 *Third-Start Bonus Application* form for each eligible horse to Ontario Racing along with documented proof of the horse's three starts.
- Applications are due to Ontario Racing by Aug. 15, and one week after the end of racing.
- Should a horse be scratched prior to or not finish a race, that race will not be count toward the bonus.
- There is a cap of \$10,000 per year payable to each ownership entity or trainer.

Horse Information (PLEASE PRINT)

Name of Horse		AQHA #	
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Race Information (PLEASE PRINT)

Race Information	Date dd/mm/yy	Race	Place	Ontario Racing Approval
First Start				
Second Start				
Third Start				

Trainer and Owner – Complete page 2

FOR ONTARIO RACING USE ONLY				
Age:	Program:	Non-Program:		

SUBMIT COMPLETED FORMS TO:

Ontario Racing c/o Woodbine Mohawk Park PO Box 160, Campbellville, ON L0P 1B0 Attention: Quarter Horse Program FAX: (416) 477-5499

EMAIL: qhprogram@ontarioracing.com

FOR INFORMATION REGARDING THE PROGRAM, CONTACT:

Kathie Wilkinson Quarter Horse Program Coordinator: **PHONE:** (416) 576-6298 **FAX:** (416) 477-5499 **EMAIL:** <u>ahprogram@ontarioracing.com</u>

FOR OFFICE USE ONLY				
Date Received:				
Date Entered:				
Processed By:				
Received: Mail Fax Email				

RACE YEAR





Trainer Information

Trainer of Record as of Third Start (PLEASE PRINT)

Name of Trainer					AGCO Licence #	HP
	Address				Telephone (B)	
Contact Information	City/Town				Telephone (H)	
	Province/State		Postal Code		Email	

MANDATORY DECLARATION

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 the 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. I understand that 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 of Applicant (Trainer)X	Date
	/	

Owner Information

Owner of Record as of Third Start (PLEASE PRINT)

Name of Owner/Lessee					AGCO Licence #	НР
	Address				Telephone (B)	
Contact Information	City/Town				Telephone (H)	
	Province/State		Postal Code		Email	

MANDATORY DECLARATION

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 the 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. I understand that 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 of Applicant (Owner) X ______ Date _____

SUBMIT COMPLETED FORMS TO:	Ontario Racing c/o Woodbine Mohawk Park PO Box 160, Campbellville, ON L0P 1B0 Attention: Quarter Horse Program	FAX: (416) 477-5499 EMAIL: <u>ghprogram@ontarioracing.co</u>
	Allention. Quarter Horse Program	