



## 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](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 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

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 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

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 **administering** the Quarter Horse Racing Industry Development Programs.

☐ YES ☐ 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.

☐ YES ☐ 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:** [QHPProgram@ontarioracing.com](mailto:QHPProgram@ontarioracing.com)