



Ontario Resident Mare Program MARE ENROLMENT FORM

2017 FOAL YEAR

To qualify as an ONTARIO RESIDENT MARE, the mare must be enrolled with the Standardbred Improvement Program for each foaling year, be resident in the Province of Ontario at time of enrolment and remain resident in the province for 180 consecutive days surrounding the day of foaling. Complete details of the Program can be found in the Program Criteria Book.

There is an annual fee of \$50 to enrol a mare as an ONTARIO RESIDENT MARE prior to her foaling date. The enrollment fee for any mare enrolled after her foaling date will be \$300, payable by September 1st of the foaling year. Definitive third party proof of residency and foaling in Ontario will also be required before the mare will be accepted into the Program after her foaling date.

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.

FOR OFFICE USE ONLY:

Date Enrolled: _____

Date Entered: _____

Processed By: _____

Reference #: _____

For more information or to submit completed forms (with all required payments):

Ontario Racing Phone: 416-477-5529
 Attention: Ontario Resident Mare Program Fax: 416-477-5499
 400 – 10 Carlson Court, Toronto, ON M9W 6L2 Email: ontariomare@ontarioracing.com

**Make cheques payable to
"Ontario Racing in trust for HIP"**

Note: Any OWNER, LESSEE or AUTHORIZED AGENT signing this application must hold a current valid Alcohol and Gaming Commission of Ontario (AGCO) licence. An AUTHORIZED AGENT may sign on behalf of an OWNER or LESSEE, **IF** the Owner or Lessee holds a valid, current AGCO licence, **AND** the AUTHORIZED AGENT holds a valid current AGCO licence, **AND** the appropriate AUTHORIZED AGENT documents are recorded on file with Standardbred Canada.

FARM INFORMATION WHERE MARE(S) WILL RESIDE FOR 2017 FOAL YEAR

Name (optional) of the farm where the mare(s) will reside for the 2017 foal year:

Primary	Secondary
Farm Manager/ or Contact Person:	Farm Manager or Contact Person:
AGCO Licence # (if applicable)	AGCO Licence # (if applicable)
911 Farm Address (If no street address, provide give county, township, lot and concession number):	
City /Town: Province: Ontario	City /Town: Province: Ontario
Postal Code: Phone:	Postal Code: Phone:
Cell: Fax:	Cell: Fax:
Email:	Email:

MANDATORY DECLARATIONS

I declare that the information concerning the principal residence of all mares recorded on this application form is correct and that this/these mare(s) shall be made available for inspection by representatives of the Program Administrator at any time.

I further understand that if the declared location of the residency is in question, the onus will be on the owner/lessee to provide further documentation to verify eligibility for the Standardbred Improvement Program.

I understand that should I fail to provide documentation as requested, the mares may be ineligible for Ontario Resident Mare status.

I understand that the Program Administrator may share my contact information (including by electronic means) for the purpose of administering the Ontario Horse Improvement Program and the Standardbred Improvement Program.

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 this/these mare(s) has full knowledge of the filing of this document. I further certify that each person or entity having ownership interest in this/these mare(s) 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 agree to comply with the *Horse Racing Licence Act, 2015*, and the *Rules of Standardbred Racing* of the Alcohol and Gaming Commission of Ontario (AGCO). I further certify that I have read and understand the conditions of mare eligibility as published by Ontario Racing and certify that this/these mare(s) meets the eligibility requirements and that the information stated on this form is true and correct. I hereby assume full responsibility for the information provided.

PLEASE PRINT YOUR NAME CLEARLY IN THIS BOX

SIGNATURE: **X** _____
 DATE: _____
 AGCO LICENCE #: _____

I am:

- An Owner or the Corresponding Officer of the Ownership Group
- A Lessee or the Corresponding Officer of the Lessee Group
- The Authorized Agent

A copy of the appropriate authorized agent and/or lease documents must be on file with Standardbred Canada.

