



Ontario Resident Mare Program 2020 TRANSFER OF ONTARIO BRED REWARDS FOAL YEAR

If an Ontario Resident Mare is sold, the transfer of ownership must be reported to Standardbred Canada and Ontario Racing. If Ontario Bred Rewards are being transferred with the ownership, this form must be completed by both parties and submitted to Ontario Racing. Ontario Bred Rewards cannot be transferred without a transfer of ownership.

For more information or to submit completed forms:

Ontario Racing Phone: 416-477-5529 Attention: Ontario Resident Mare Program Fax: 416-477-5499

c/o Woodbine Mohawk Park

PO Box 160, Campbellville, ON L0P 1B0

Fax: 416-477-5499

Email: ontariomare@ontarioracing.com

FOR OFFICE USE ONLY:
Date Received:
Date Entered:
Processed By:
Reference #:

ONTARIO RESIDENT MARE INFORMATION				
Registered Name of Mare:	Year of Birth: (yyyy)	Tattoo/Freeze Brand Number of Mare:		
ORIGINAL OWNER INFORMATION (SELLER)				
Owner Name:		AGCO Licence #:		
Declaration of the Seller: I, the seller, declare that this mare has been resident in Ontario since the date of enrollment in the Program.				
NEW OWNER INFORMATION (PURCHASER)				
Owner Name:		AGCO Licence #:		
Declaration of the Purchaser: I, the purchaser, declare that this mare will foal out in Ontario and also remain resident in Ontario for the required 180 day residency period at the location listed below. Signature: X				
DECLARED RESIDENCE OF MARE (PURCHASER)				
Name of Residence (Farm Name)				
Farm Manager or Contact Person:		AGCO Licence # (if applicable):		
911 Farm Address: (If no street Address, please give county, township, lot and concession number):				
City /Town:		Ontario		
Postal Code:		Phone:		
Cell:		Fax:		
Email of primary farm:				

NOTE: Both parties, Seller and Purchaser, must sign both the front AND back of this form.





Ontario Resident Mare Program TRANSFER OF ONTARIO BRED REWARDS

2020 FOAL YEAR

TRANSFER OF ONTARIO BRED REWARDS				
Name of Recipient to whom Rewards will be transferred:		AGCO Licence #:		
Address:				
City/Town: Provin	nce/State:	Postal/Zip Code:		
Phone:	Email:			
MANDATORY DECLARATIONS				
I hereby transfer my rights to the Ontario Bred Rewards for the 2019 foal out of the Ontario Resident Mare named on this form. A transfer of Ontario Bred Rewards can only occur after transfer of ownership (of the mare) has been recorded with Standardbred Canada.				
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 mare has full knowledge of the filing of this document. I further certify that each person or entity having ownership interest in this mare has authorized me to complete and file this document and that I have full power and authority to receive any requested or related documents from Ontario Racing. I 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 mare may be ineligible for Ontario Resident Mare status.				
 I understand that the Program Administrator may sha administering the Ontario Horse Improvement Program 	n and the Standardbred Improveme	ent Program.		
• I agree to comply with the Alcohol and Gaming Commission of Ontario (AGCO) <i>Rules of Standardbred Racing</i> . I further certify that I have read and understand the conditions of mare eligibility as published by the Ontario Racing and certify that this mare 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.				
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 the Seller:	Signature of the New R	tecipient:		
The Corresponding Officer must sign on behalf of a multiple owner group.	rship The Corresponding Office group.	er must sign on behalf of a multiple ownership		
Signature: X	Signature: X			
Date: (dd/mm/yyyy)	Date: (dd/mm/yyyy)			
ACCO License #	ACCO License #			

BOTH PARTIES MUST COMPLETE AND SIGN ALL DECLARATIONS ON THIS FORM

SB-Transfer-2020 ver 1