

Standardbred Canada

Attention: Ontario Resident Mare Program



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.

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.

Phone:

Fax:

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

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

Make cheques payable to Standardbred Canada

1-2150 Meadowvale Blvd, Mississauga, ON L5N 6R6 Email: ontariomare@standardbredcanada.ca

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

905-858-3060

905-858-3111

are recorded on the with Standardbred	Carlada.				
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 for	al year:			
Primary		Secondary			
Farm Manager/ or Contact Person:		Farm Manager or Contact Person:			
AGCO/ORC Licence # (if applicable)		AGCO/ORC Licence # (if applicable)			
911 Farm Ad	ddress (If no street address, provid	le give county, township, lot and concess	sion number):		
City /Town:	Province: Ontario	City /Town:	Province: Ontario		
Postal Code:	Phone:	Postal Code:	Phone:		
Cell:	Fax:	Cell:	Fax:		
Email:		Email:			
MANDATORY DECLARATION	NS				
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 CLEAF	RLY IN THIS BOX				
SIGNATURE: X		I am: An Owner or the Corresponding A Lessee or the Corresponding (The Authorized Agent A copy of the appropriate author	Officer of the Lessee Group		
		documents must be on file with S			





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2017 FOAL YEAR

MARE INFORMATION

You may only use this form if all mares listed are located on the same farm and are owned or leased by the same owner.

For all required dates, please use the date format dd/mm/yyyy

The Program Administrator may request transportation documents and/or copies of records for the mare such as invoices for

residency period.		
1. Registered Name of Mare:	Tattoo / Freeze Brand # (of mare):	Year of Birth: (yyyy)
	Is this mare a permanent Ontario resident?	Anticipated 2017 foaling date:
	☐ Yes ☐ No	
THIS MARE MUST BE IN THE PROVINCE AT T		1
2. Registered Name of Mare:	Tattoo / Freeze Brand # (of mare):	Year of Birth: (yyyy)
	Is this mare a permanent Ontario resident?	Anticipated 2017 foaling date:
	☐ Yes ☐ No	
THIS MARE MUST BE IN THE PROVINCE AT T	HE TIME OF ENROLMENT	
3. Registered Name of Mare:	Tattoo / Freeze Brand # (of mare):	Year of Birth: (yyyy)
	Is this mare a permanent Ontario resident?	Anticipated 2017 foaling date:
	☐ Yes ☐ No	
THIS MARE MUST BE IN THE PROVINCE AT T	HE TIME OF ENROLMENT	
4. Registered Name of Mare:	Tattoo / Freeze Brand # (of mare):	Year of Birth: (yyyy)
	Is this mare a permanent Ontario resident?	Anticipated 2017 foaling date:
	☐ Yes ☐ No	
THIS MARE MUST BE IN THE PROVINCE AT T	HE TIME OF ENROLMENT	
5. Registered Name of Mare:	Tattoo / Freeze Brand # (of mare):	Year of Birth: (yyyy)
	Is this mare a permanent Ontario resident?	Anticipated 2017 foaling date:
	☐ Yes ☐ No	
THIS MARE MUST BE IN THE PROVINCE AT T	HE TIME OF ENROLMENT	
6. Registered Name of Mare:	Tattoo / Freeze Brand # (of mare):	Year of Birth: (yyyy)
	Is this mare a permanent Ontario resident?	Anticipated 2017 foaling date:
	☐ Yes ☐ No	
THIS MARE MUST BE IN THE PROVINCE AT T	HE TIME OF ENROLMENT	
 Permission must be received from the Pro Standardbred Canada must be notified pr 	ogram Administrator for a mare to leave Ontario dur ior to departure.	ing the residency period.
PAYMENT (Make cheques payable to State	ndardbred Canada)	
Number of Mares recorded on this form before	e foaling:x \$50.00 = \$	TOTAL FEE
Number of Mares recorded on this form after		\$00
PRIVACY AND CONSENT		
I give the Program Administrator permission to share m Improvement Program and the Standardbred Improvem	y contact information (including by electronic means) for the potent Program.	urpose of marketing the Ontario Hors
☐ YES ☐ NO	SIGNATURE: X	