



**Ontario Quarter Horse Racing Industry Development Program
Change of Contact Information**



Complete this form if your contact information has changed since the time of your original enrolment with the program.

Your contact information will be updated for all ownership groups attached to your enrolment record.

FOR OFFICE USE ONLY:

Date Received: _____

Date Entered: _____

Processed By: _____

Confirmation Date: _____

Mail Fax Email

PREVIOUS CONTACT INFORMATION

Last Name		First Name		<input type="checkbox"/> Mr.	<input type="checkbox"/> Dr.
				<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.
Address					
City / Town		Province	Postal Code		
Phone (home)	Phone (bus.)		Cell Phone		
Email			Fax		

NEW CONTACT INFORMATION

Last Name		First Name		<input type="checkbox"/> Mr.	<input type="checkbox"/> Dr.
				<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.
Address					
City / Town		Province	Postal Code		
Phone (home)	Phone (bus.)		Cell Phone		
Email			Fax		

DECLARATION OF RESIDENCY

I hereby declare that I am a resident of Ontario, whose principal residence is in Ontario. YES NO

X _____
Signature Date (dd/mm/yyyy)

PRIVACY & CONSENT

I give the Program Registry permission to share my contact information for the purpose of marketing the Ontario Quarter Horse Racing Industry Development Program

YES

NO

X _____
Signature Date (dd/mm/yyyy)

COMPLETED FORMS SHOULD BE SENT TO:

By Mail: Quarter Horse Racing Industry Development Program
Ontario Racing
c/o Woodbine Mohawk Park
PO Box 160, Campbellville, ON L0P 1B0

By Fax: (416) 477-5499

By Email: qhprogram@ontarioracing.com

For information regarding the Program, contact the Quarter Horse Program Coordinator:

By Phone: (416) 576-6298

By Fax: (416) 477-5499

By Email: qhprogram@ontarioracing.com