



Standardbred Breeders
of Ontario Association



SBOA Mentoring Program Application Form

1. LAST NAME FIRST NAME INITIAL

2. RESIDENCE ADDRESS

Street & Number, City/Town, Postal Code Apt. P.O.Box

3. MAILING ADDRESS (If different from above)

4. TELEPHONE (Res.) TELEPHONE (Business) TELEPHONE (Cell)

5. EMAIL ADDRESS

6. DATE OF BIRTH

7. The Applicant acknowledges that the SBOA Program is intended for those persons with limited experience in the Standardbred industry. Please briefly list your experience, if any, with Standardbred horses including any licences or horses owned.

8. Have you ever been found guilty or convicted of an offence in any jurisdiction?
Yes_____ No _____

9. Do you have charges pending in any jurisdiction? Yes_____ No _____

10. Have you ever had a licence or registration certificate of any kind refused, denied, revoked, or suspended in any jurisdiction? Yes_____ No _____

If your answer is Yes to Any of the questions above, please give details of any conviction or charge, or licence denial, revocation, or suspension.

The Applicant acknowledges and agrees that:

(a) The SBOA Owner Mentor Program is intended to assist the applicant in his involvement with and introduction to the standardbred industry in Ontario and is not intended as an investment.

(b) There are no representations or warranties made by the SBOA, its officers, directors or members with respect to the anticipated financial returns on the applicant's capital contributions to the partnership.

(c) He/She has been advised of the risks associated with horse ownership, that he/she is aware of these risks and that he/she voluntarily assumes such risk.

(d) He/She has had the opportunity to obtain independent legal, financial planning and other advice with respect to his/her participation in the SBOA owner mentoring program and in the partnership.

(e) He/She is required to obtain a licence from Standardbred Canada and/or the Ontario Racing Commission as a condition of participating in the SBOA owner mentoring program.

(f) He/She will be required to review, approve, and execute a formal partnership agreement, and make an initial capital contribution to the partnership of \$4,500.00 upon executing the agreement.

DATE _____ SIGNATURE OF APPLICANT _____

Please return the completed application form to attention:

SBOA
P.O. Box 371
Rockwood, ON
N0B 2K0

For further information contact Tammy McNiven at 519-318-8882 or tbf@xplornet.com