

**SBOA MENTORING PROGRAM  
APPLICATION FORM**

**PERSONAL INFORMATION**

1. LAST NAME	FIRST NAME	INITIAL
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2. RESIDENCE ADDRESS	
Street & No. City/Town, Postal Code	Apt. P.O. Box

3. MAILING ADDRESS if different from above
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4. TELEPHONE (RES.)	TELEPHONE (BUS.)	TELEPHONE (CELL)
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5. FACSIMILE	EMAIL
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6. DATE OF BIRTH (Month/Day/Year)
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<p><b>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.</b></p>
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8. Have you ever been found guilty or convicted of an offence in any jurisdiction? Yes \_\_\_\_ No \_\_\_\_

Do you have charges pending in any jurisdiction? Yes \_\_\_\_ No \_\_\_\_

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 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) **that 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 contribution to the Partnership;**
- (c) **he has been advised of the risks associated with horse ownership, that he is aware of these risks and that he voluntarily assumes such risks;**
- (d) **he has had the opportunity to obtain independent legal, financial planning and other advise with respect to his participation in the SBOA mentor program and in the Partnership;**
- (e) **he is required to obtain a licence from Standardbred Canada and/or the Ontario Racing Commission as a condition of participation in the Partnership, and**
- (f) **he 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 FAX COMPLETED APPLICATION FORM TO ATTENTION: TAMMY MCNIVEN  
519-475-6551**