



ONTARIO QUARTER HORSE RACING
INDUSTRY DEVELOPMENT PROGRAM

PATHWAY TO EMPLOYMENT AND EDUCATION IN THE QUARTER HORSE RACING AND BREEDING INDUSTRY

APPLICATION TO ENROL – MENTOR

FOR OFFICE USE ONLY:

Date Received: _____

Processed by: _____

Confirmation Date: _____ Mail Fax Email

MENTOR CONTACT INFORMATION

Last Name	First Name	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>
Address (All correspondence will be sent here)		Date of Birth (dd/mm/yy)
City / Town	Province	Postal Code
Phone (home)	Phone (Business)	Cell Phone
Email		ORC Licence Number
*CRA Payroll Business Registration Number (Optional)		Workers Compensation Payroll Account Number (Required)

MENTOR SIGNATURE

I hereby make application to the Pathway To Employment and Education Program. All information provided by me is true and correct.

Signature

Date (dd/mm/yy)

*A Pathway Mentor must provide a signed statement from the Pathway Student if the student is not on a payroll that has a CRA Payroll Business Registration Number. It must state that they understand their responsibilities to file the relevant taxes.

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Suite 400
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M9W 6L2
(416) 213-0520
(416) 213-7827

The Ontario Quarter
Horse Racing Industry
Development Program
is administered by the
Ontario Racing
Commission