

MOHAWK RACETRACK STABLE APPLICATION

November 1, 2012 – April 30, 2013

Trainer Name: _____ Address: _____

Telephone (H) _____

(Cell) _____

Email: _____ ORC License #: _____

Veterinarian: _____ Feed Supplier: _____

(Office) _____ Blacksmith: _____

(Cell:) _____

I hereby apply for stabling accommodation at Mohawk Racetrack for the period listed above.

RATE PER STALL PER MONTH: \$250.00 (Cdn) + HST

FIRST CHEQUE DUE & PAYABLE TO "WEG" ON NOVEMBER 1, 2012 & SUBSEQUENT CHEQUES PAYABLE TO "WEG" BY THE 1ST DAY OF EVERY MONTH.

DEADLINE – AUGUST 15, 2012

NUMBER OF STALLS I AM REQUESTING: _____

PLEASE NOTE EFFECTIVE NOVEMBER 1, 2012:

- Only approved Applicants will have access to Mohawk's racetrack for jogging/training
- There will be **NO SHIP-IN USE** of Mohawk's racing surfaces without prior rental of Stalls.
- Mohawk Racetrack's paddock will be **CLOSED** during the Winter.
- WEG reserves the right to review all Applications prior to any approval given.

In Consideration of being allowed any stabling accommodation on the premises of Mohawk Racetrack, I AGREE:

1. That I am presently in possession of a valid Stable Area Access Sticker for the current year and I have signed and agreed to all terms and conditions connected with the possession of a Stable Area Access Sticker.
2. That I have received and executed an Application for Access Rights (Form A) in favour of Woodbine Entertainment Group and agree to be bound thereby.
3. That I will have all owners sign an Authorized Agent form for any horses that are stabled under my care.
4. That this Contract is made with and shall endure to the benefit of Woodbine Entertainment Group
5. To release and hold harmless Woodbine Entertainment Group and each of its directors, officers, agents and employees from any and all liability for any injuries, loss or damage of any kind to persons or property damage, resulting in whole or in part, directly or indirectly, from stabling horses at Mohawk Racetrack.

I, the Applicant herein, confirm that I have read all conditions contained in this Application and fully understand the conditions set out in this Application.

NAME: _____

SIGNATURE: _____ DATE: _____

**RETURN THIS APPLICATION
TO COSA OR DANA KEYES, WEG STABLE AREA SUPERINTENDENT
BY AUGUST 15, 2012**