

Registration of Partnership

RECEIVED: _____

APPROVED:

Name of partnership: _____

NOTE: If horses will race under another name, a Registration of Stable name must be applied for and approved by the LGCA.

Provide the following details for each member of the partnership:

| NAME (First and last name for individuals and name for partnerships) | ADDRESS (Street, City/Town, Province/State, Postal Code) | % OWNERSHIP |
|---|---|----------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Name of our trainer: _____

All entries, scratches and declaration will be made by: _____

We wish to act jointly in all matters pertaining to this partnership: YES NO

If no, we appoint _____ to act as our authorized agent.
NAME

NOTE: If appointing an authorized agent, an Appointment of Authorized Agent must be applied for and approved by the LGCA.

Provide the names of all of the partnership's horses:

| NAME OF HORSE | NAME OF HORSE | NAME OF HORSE | NAME OF HORSE |
|---------------|---------------|---------------|---------------|
| | | | |
| | | | |

We request that this partnership be registered in accordance with the Rules of Racing. This partnership is to remain in effect until December 31, 20____ or until sooner dissolved. If dissolved, we will file a dissolution of partnership in writing with the LGCA.



DECLARATION

I certify that all of the information provided in this application is true and complete. I understand that any false or inaccurate statements or omissions made in this application may disqualify me, the applicant, or the agent, from receiving registration under The Liquor, Gaming and Cannabis Control Act.

By signing below, I declare that I am the sole owner, stable owner, authorized agent or have obtained consent from the partners of the registered partnership, as the case may be, and therefore have authorization to make this application to the LGCA.

Check this box and type your name in the area labelled "Signature of Applicant", if you want to submit your signature electronically.

Name of Applicant

Signature of Applicant

Date (MM/DD/YYYY)

I acknowledge that I may have to confirm my identity and the authenticity of this signature, should it be contested.

SUBMISSION INSTRUCTIONS

Email, fax or mail this application to:

Email: horseracing@LGCAMB.ca Fax: 204-831-0942

Mailing address: LGCA - Horse Racing Department
1055 Milt Stegall Drive, Winnipeg, Manitoba, R3G 0Z6

PRIVACY NOTICE

The LGCA is collecting your personal information to process your registration. The LGCA is authorized to collect your personal information under clause 36(1)(b) of The Freedom of Information and Protection of Privacy Act, because your personal information relates to and is necessary for processing your registration of a partnership.

Your personal information will only be used by the LGCA to process your registration. The LGCA collects only as much personal information as is necessary for this purpose and your personal information is protected by The Freedom of Information and Protection of Privacy Act. The LGCA cannot use or disclose your personal information for other purposes, unless you consent or the LGCA is authorized to do so by The Freedom of Information and Protection of Privacy Act.

If you have any questions or concerns about the LGCA's collection of your personal information, please contact the LGCA's Freedom of Information and Protection of Privacy Coordinator at FIPPAcoordinator@LGCAMB.ca, or 204-927-5300 or 1-800-782-0363 (Manitoba only toll-free phone).

Available in alternate formats, upon request.

