

## OPEN APPLICATION FOR HBPA SHIPPING INCENTIVE 2024 TERMS AND CONDITIONS

Name(s) of Applicant: or partnership).			(individual, corporation,
Address:			
City:	Prov:	P.C:	Phone #:
Name of Horse:			
Date of application: _			

## Eligibility:

- Applicants must be an individual, corporation, or partnership.
- \$1,500 bonus to any horse brought to Century Tracks for the 2024 racing season.
- Horse must not have started in Alberta prior to the 2024 racing season.
- \$1,500 will be paid out as \$500 per start for the first three starts made at Century Tracks.
- If a horse is claimed or transfers ownership before the full amount is paid, the original owner will receive the whole bonus.
- Registration papers for all applicants will be held in the race office and will
  only be released at the conclusion of the 2024 race season. If a request is
  made to remove the papers before the end of the meet all Shipping
  Incentive payments made to that horse will need to return to the HBPA
  bookkeeper before the papers will be released.

Horses must remain at Century Tracks for the 2024 season.

Horses are allowed to ship to **make one start in a Stake Race with a purse at or above \$40,000.00 and with permission in writing from the HBPA Manager**. Stake races below \$40,000.00 are not considered. The HBPA reserves the right to

approve or deny these requests based on horse population.

- Non-Starters as of January 1st, 2024, do not qualify for this incentive.
- Horses that have applied to the HBPA Purchase/Claiming Incentive do not qualify for this incentive.
- Individual horses only qualify for one HBPA Incentive per year.
- The deadline for ALL Shipping Incentive applications is October 31, 2024.
- This Program is on a first come first serve basis. Not all applications will be accepted.

\*\*Any owner/trainer who does not abide by the stipulations provided for this incentive can be requested to pay back any and all funds that have been dispersed. The HBPA reserves the right to garnish these funds from an owner's account\*\*

I.	, have read and understand the
l,above-noted terms and conditions.	
DATE:	
NAME (Print):	
SIGNATURE:	
Please send the completed form to:	
<ul> <li>Alberta.hbpa@gmail.com</li> </ul>	
• Fax – 587-689-2180	
For office use only:	
INCENTIVE PROGRAM COM	MMITTEE - HBPA OF ALBERTA
Approved - HBPA Director	 Date
Approved - HBPA Director	 Date