



OPEN APPLICATION FOR HBPA PURCHASE/CLAIM INCENTIVE 2022

TERMS AND CONDITIONS

Name(s) of Applicant: _____ (individual, corporation, or partnership).

Address: _____

City: _____ Prov: _____ P.C: _____ Phone #: _____

Name of Horse _____ (to be reported when claimed or purchased).

Price - _____

Date of application - _____

- Applicants must be an individual, corporation or a partnership;
- Horses must have been foaled in 2019 or before;
- If purchased at a sale, the sale must be a recognized public auction;
- Horses must be claimed/purchased for a minimum \$5,000 to be eligible;
- A maximum of \$5,000 is available per horse;
- Horses must have never started in Alberta as of opening day at Century Mile in 2022;
- Horses cannot be Alberta Bred;
- Horses must be claimed/purchased between the dates of September 12, 2021 and May 5, 2022.
(Reminder that if claimed/purchased prior to Century Mile's 2021 race season ending, horses must not start at the 2021 Century Mile race meet.)
- Horses are required to run only at Century Mile's 2022 race meet;
- Horse must have at least one start at Century Mile's 2022 Race Meet prior to June 15th, 2022 to be eligible
- Application Deadline is May 6th, 2022

As this program is capped at \$200,000 dollars, this is a **first come first serve program**. Owner can request an application with intent to buy/claim a horse up to 5 days prior to that horse's race/sale date. Price and ownership must be submitted, in writing, with the "open" application. The horses' name must be submitted within 5 days of purchase/claim to be approved.

In the event that the application isn't completed at the end of the 5 days, the application becomes voided. In the event that the original applicant's horse is to be replaced (career ending injury, death, or claimed), the owner has 10 business days to replace it or the application goes available to the public again. ***Vet certificate required with death or career ending injury**

- HBPA has the right to refuse any and all applications. Applicants accepts all other terms and conditions relating to the program, which may be amended from time to time.

Any false statements shall constitute grounds for the application to be denied or benefits received to be repaid.

The decision to approve or disapprove any application shall rest with the HBPA OF ALBERTA and their decision shall be final.

I, _____, have read and understand the above-noted terms and conditions.

DATE: _____

NAME (Print): _____

SIGNATURE: _____

Please send completed form to:

- Albera.hbpa@gmail.com
- Fax - 587-689-2180

For office use only:

INCENTIVE PROGRAM COMMITTEE - HBPA OF ALBERTA

Approved - HBPA Director

Date

Approved - HBPA Director

Date