



APPLICATION FOR BROODMARE INCENTIVE PURCHASE PROGRAM 2015/2016

- ❖ Complete and sign the form. Incomplete forms cannot be processed.
- ❖ Include ALL the required documents with your application:
 - a copy of the buyer's statement for the purchase of a broodmare;
 - a copy of the mare's registration papers (front & back).

PARTICULARS OF APPLICANT		
Last Name	First Name	
Address		
City	Prov	
Postal Code	Date – (yyyy-mm-dd)	
Telephone Number:	Cell Number:	
Email Address:		
I HERBY MAKE APPLICATION FOR THE BROODMARE PURCHASE PROGRAM 2015/2016 AND DECLARE AS FOLLOWS:		
<ol style="list-style-type: none"> 1. I am a BC Resident; 2. I purchased a broodmare in-foal at a public auction outside of British Columbia, Alberta and Washington from August 1, 2016 through May 31, 2017; 3. I will foal the mare in British Columbia; 4. I will sell the foal in a sale conducted by the CTHS (BC Division) or race the foal in British Columbia; 5. I understand horses foaled in British Columbia are not eligible for this program; 6. I understand that for the purposes of this program, Canadian and US dollars are considered at par and I am eligible to receive 50% of the purchase price up to a maximum of \$10,000 Canadian dollars for a purchase of \$20,000 or more. <p>BY SIGNING THIS BOX I UNDERSTAND/DECLARE ALL ITEMS TO BE TRUE.</p> <div style="border: 1px solid black; width: 300px; height: 30px; margin-left: auto; margin-right: 0;"></div>		
BROODMARE INFORMATION		
Name of Broodmare Purchased	Sire	Dam
Purchased From (name of public auction)		Date (yyyy-mm-dd)
SIGNATURE		
<p>I consent to the Canadian Thoroughbred Horse Society (BC Division) "CTHS" collecting and using the personal information provided by me in this application and in any related invoice or documentation submitted by me or my organization to CTHS for the purpose of administering the Broodmare Purchase Incentive Program. I acknowledge and agree that my personal information may be disclosed by the CTHS to the BC Thoroughbred Breeders and Owners Association, Horsemen Benevolent & Protective Association of BC and the Horse Racing Industry Management Committee for the purpose of partial reimbursement of purchase costs. I certify that the information given is true, correct and complete to the best of my knowledge.</p>		
Print Name:	Signature:	Date: (yyyy-mm-dd)

