



Virginia Facility Participation Agreement

VIRGINIA THOROUGHBRED INCENTIVE PROGRAMS



Facility Owners or Managers: Please complete this form if you wish to participate in the Virginia Thoroughbred Incentive Programs

I, _____, owner/manager of

_____, located at

Facility Name

Address

City, State, Zip Code

Telephone

Email (required)

hereby agree to participate in the Virginia Thoroughbred Incentive Programs (VTIP), which include the Virginia-Bred, Sired and Certified programs. These programs are one or more of those sponsored by the the Virginia Equine Alliance (VEA) and the Virginia Breeders Fund (VBF) and are administered by the Virginia Thoroughbred Association (VTA).

As the owner or manager of a VTIP participating facility, I agree to the following VTIP conditions:

1. If my facility provides care for mares participating in the Virginia-Bred Program, I will complete and submit to the VTA, no later than October 1st every year, a Virginia Mare Residency Report listing the in-foal mares residing at my facility on September 1st. I understand that to have a Virginia-Bred foal, a mare must reside at a VTIP participating facility from September 1st of the year of the foal's conception until she foals the following year (with limited exceptions for public sales).
2. If my facility provides care for horses entered in the Virginia-Certified Program, I will complete and submit a Residency Verification Form at the conclusion of each horse's residency period at my facility. I understand that to be eligible for Virginia-Certified registration, a horse must reside at a VTIP participating facility for at least six (6) consecutive months prior to December 31st of its two-year-old year.
3. I grant permission for a VTIP representative to visit my facility with or without prior notification to inspect any VTIP horses in residence.
4. I further understand that a VTIP participating facility may be denied the privilege of participating in the Virginia Thoroughbred Incentive Programs in the event that VTA determines, in its sole discretion, that (1) the facility has provided any false or fraudulent information regarding any horse, (2) the facility is not complying with the requirements of the VTIP as those requirements may be amended from time to time, or (3) the care of any horse at the facility is seen to be below generally accepted standards.

Owner/Manager Signature

Date

Printed Name

Please complete and mail to:

**VTIP
c/o Virginia Thoroughbred Association
250 West Main Street, Suite 100
Charlottesville, VA 22902
(434) 977-3716 Fax (434) 979-2439
<http://www.vabred.org>**

Do you accept outside horses at your facility? Yes No

• If you do not accept outside horses at your facility, do not answer the remaining questions.

• Only facilities that accept outside horses will be included in our online directory.

Do you provide mare and foal care? Yes No

Do you provide foaling services? Yes No

Do you provide care for weanlings and yearlings prior to training? Yes No

Do you offer yearling sales prep? Yes No

Do you offer breaking and training services? Yes No

DISCLAIMER: Nothing contained herein creates a contractual obligation for payment of any award or bonus by the VTA or any other entity. The VTA's receipt of sufficient funding for the bonus or award is a condition precedent to any obligation it may have to pay any award or bonus under the Virginia Thoroughbred Incentive Programs. The VTA reserves the right at any time, with or without notice, and in its sole discretion to (i) amend the requirements of the VTIP, (ii) change the amount of the bonus or award, or (iii) cease paying bonuses or awards.