



FARM PARTICIPATION AGREEMENT DELAWARE CERTIFIED THOROUGHBRED PROGRAM

I, _____, owner of

_____, located at

_____ **Farm Name or Facility**

_____ **Address**

_____ **City, State, Zip Code**

_____ **County**

_____ **Telephone**

_____ **Fax**

_____ **E-Mail**

Hereby agree to participate in the Delaware Certified Thoroughbred Program (DCTP) sponsored by the Delaware Thoroughbred Horsemen's Association (DTHA). I understand that my participation is voluntary and there is no cost to participate in the program.

As a DCTP participating farm or facility, I agree to the following DCTP conditions:

1. I will complete and submit a DCTP verification form at the conclusion of a thoroughbred weanling or yearling's 90 day period at my farm; and
2. I will grant permission for a DCTP representative to visit my farm or facility with or without prior notification to verify the DCTP residence requirement for each horse in residence.

Owner's Signature

DCTP Representative

Printed Name

Printed Name

Date

Date

Please complete and mail to:

DCTP
c/o Delaware Thoroughbred Horsemen's Association
777 Delaware Park Boulevard
Wilmington, DE 19804
(302)994-2398 Fax (302)994-3392
<http://www.dtha.com>