

FLORIDA SIRE STAKES – ELIGIBILITY PAYMENT FOALS OF 2025



Foal's Name (if named) _____

Foal's Year of Birth 2025 Foal's Sex (circle one): **Colt** **Filly**

FTBOA Registered Florida-Bred Foal _____, or Out-of-State Bred Foal _____

Must be an FTBOA-registered Florida-bred foal to be eligible for Florida Sire Stakes (FSS) and any other available FTBOA racing incentives. Out-of-state bred foals may also be eligible for select FSS racing incentives if sired by an appropriately registered Florida stallion and if all eligibility payments for the foal are timely made at double the fees stated below for Florida-bred foals.

Sire _____ Dam _____

Sire must stand in Florida and be registered with the FTBOA when the foal was conceived, having paid the appropriate fee for eligibility of Florida-bred foals and, if applicable, for eligibility of out-of-state bred foals. Check FTBOA.com/RegistrySearch to confirm Florida stallion registration status.

Checkmark which payments you are submitting with this form:

Option 1 - Florida-sired foals of 2025 acquire full FSS eligibility upon successful Florida-bred registration until Dec. 31, 2026 and this form is not needed. Confirm foals' registration status at FTBOA.com/RegistrySearch.

Option 2 - Stand-Alone Two-Year Old Payment: _____ \$5,000 - if postmarked on or before Jan. 15, 2027

Option 3 - Last Chance Two-Year Old Payment (available only if the horse has not started in a race):
_____ \$10,000 - if postmarked on or before May 1, 2027 **OR**, _____ \$15,000 - if postmarked on or before June 30, 2027

The stated amounts apply only to FTBOA-Registered Florida-Bred Foals. Out-of-State Bred Foals must pay double these amounts.

Providing your mailing, e-mail address and phone number below gives consent to receive FTBOA communications. The FTBOA may allow industry-related advertisers or sponsors to provide you with mail and e-mail communications if the advertiser or sponsor agrees to comply with appropriate privacy safeguards. If you do not wish to receive such communications, please contact the FTBOA.

Name _____

Address _____ City _____ State _____ Zip _____

Telephone/mobile _____ E-mail Address _____

I understand and agree that eligibility and registration requirements for the Florida Sire Stakes (FSS) and any other FTBOA racing incentives shall be administered by the FTBOA in its sole discretion, with all decisions of the FTBOA considered final, and that all eligibility payments are non-refundable. I acknowledge that the FSS and any other FTBOA racing incentives may be governed by one or more of the following, as incorporated herein by reference and as they may be subsequently amended: the separate terms and conditions applicable to each of those programs; any relevant third-party agreements; the FTBOA's Bylaws; the annual awards plan submitted by the FTBOA to the Florida Gaming Control Commission; and Chapter 550, Florida Statutes. I further acknowledge that all terms of the FSS and any other FTBOA racing incentives, including the number of races, purse or incentive levels, race conditions, racing dates, and host track, may change from year to year and may change at any point during the year, even after the racing schedule for a particular year is announced. I hereby waive any claim of liability against the FTBOA arising from such changes or from the host track's conduct of, or failure to conduct, any race. If I nonetheless file a legal action or complaint against the FTBOA or host track in connection with the FSS or any other FTBOA racing incentives, or any associated race, I understand and agree that the FTBOA may lawfully refuse and/or return any future FSS registrations and eligibility payments submitted on behalf of any horse in which I have an interest, directly or indirectly, as an owner, breeder, or trainer. By signing below and/or by providing payment, I certify that the information provided herein is accurate and that I agree to be bound by the terms stated herein.

Signed: _____ Date: _____

Make checks payable to FTBOA. Or, to pay by credit card (Mastercard or Visa Only):

Name as it appears on Card _____

Card Billing Address _____ Expiration Date _____

Card Number _____ CVV Number _____

FLORIDA THOROUGHBRED BREEDERS' & OWNERS' ASSOCIATION

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