



Mare Nomination Form

For foals of 2010

Gold, Silver & Bronze Divisions

Fill out all information requested on this form and return to:

APHA Breeders' Futurity Program
P.O. Box 961023

Fort Worth, Texas 76161-0023

If you need additional information, call (817) 222-6441 or email simhof@apha.com

Please Note the Following Instructions:

1. The mare must be bred to a Breeders' Trust stallion.
2. The foal's dam must be nominated to the Futurity in order for the resulting foal to be eligible for the Futurity program.
3. The mare nomination must be made in the name of the mare's owner or the lessee on record with APHA or a waiver must be completed.
4. Complete rules can be found in the 2010 Breeders' Trust/Breeders' Futurity brochure available in print or at www.apha.com/breedersfuturity

Mare's Name: _____

Registration Number: _____

Name & registration number of Breeders' Trust-subscribed stallion in foal to for 2010 foal:

Nominator's Name: _____

(Must be owner of mare at time of breeding. See instructions)

Nominator's I.D. Number: _____

Mailing Address: _____

City: _____

State: _____ Zip Code: _____

Email: _____

Telephone No. (Include Area Code): _____

Nominator's Social Security No.
or Federal Tax I.D. No.: _____

Name of Individual whose Social Security No.
or Tax I.D. No. you have listed: _____

If mare has foaled, please check the following regarding the foal:

Sex: Stallion Mare

Type: Overo Tobiano Tovero Solid

Check the appropriate box (Payment Must Be in U.S. Funds Only)

By December 31 of Breeding Year—\$100

January 1-May 10 of Foaling Year—\$200

May 11-July 10 of Foaling Year—\$300

July 11-September 10 of Foaling Year—\$400

September 11 of foaling year up until 5:00 pm the day prior to the class entered—\$1,000

*Dates listed are based on
postmark date.*

Please pay by: VISA MasterCard American Express Check Money Order

If paying by check, your check may be converted into an electronic funds transfer.

Credit Card Number: _____

Expiration Date: _____ CVV#: _____

Card Holder's Signature: _____

Amount you are paying at this time: _____

Signature of person completing this form: _____

For Office Use Only