



**BREEDERS
TRUST**

AMERICAN PAINT HORSE ASSOCIATION

STALLION SUBSCRIPTION FORM

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

APHA Breeders Trust Program
P.O. Box 961023
Fort Worth, Texas 76161-0023

If you need additional information, call (817) 834-2742, ext. 416

PLEASE NOTE THE FOLLOWING INSTRUCTIONS:

1. The stallion subscription must be made in the name of the stallion's owner or the lessee on record with the APHA. If someone other than the recorded owner or lessee wishes to subscribe the stallion, then a waiver must be signed by owner or lessee.
2. The stallion subscription fee is the highest advertised breeding fee for the season (chute fees and booking fees must be included in determining highest advertised breeding fee), with a minimum of \$400 and a maximum of \$10,000. The fee for stallions standing at private treaty or "does not stand to public" is a minimum of \$700 or the actual private treaty fee, whichever is higher. Subscription payment is due at the time of nomination, and should accompany this form.
3. Stallion subscriptions at regular fees must be received in the office or postmarked on or before November 30 of the year prior to breeding. Stallions standing for the first time have until March 31 of the breeding year to be subscribed without a late penalty. (Postal meter dates will not be accepted.) Late subscriptions will be accepted throughout the breeding year at the following rates:

Postmarked by March 31	One and a half the advertised fee
Postmarked by December 31	Double the advertised fee

No subscriptions will be accepted after December 31 of the year bred.

Stallion's Name: _____

Registration Number: _____

Is this his first year to stand? Yes No

2002 Subscription Fee (Payment Must Be in U.S. Funds Only)

Highest advertised 2002 stud fee (min. \$400): _____

Private treaty—highest fee charged (min. \$700): _____

Does not stand to public (estimated breeding value, min. \$700): _____

City and state where stallion stands (to be published in the *Paint Horse Journal*): _____

Telephone number (to be published in the *Paint Horse Journal*): _____

Subscriber's Name: _____

Subscriber's I.D. Number: _____

Mailing Address: _____

City: _____

State: _____ Zip Code: _____

Telephone (Include Area Code): _____

Subscriber'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: _____

Please Pay by: VISA MasterCard Check Money Order

Credit Card Number: _____

Expiration Date: _____

Card Holder's Signature: _____

Amount you are paying at this time: _____

Signature of person completing this form: _____

FOR OFFICE USE ONLY