



Foal Nomination 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 foal's sire must have been subscribed for the breeding year in which the foal was conceived in order for a foal to be eligible for nomination.
2. The foal nomination must be made in the name of the foal's owner or the lessee on record with APHA.
3. Include the following items with this nomination form: Original Registration Certificate (if foal is registered), Registration Application (if foal is not registered) and Appropriate Fee.

Foal nominations must be received in the office or postmarked according to the following schedule:

By December 31 of Foaling Year	\$100
By the Foal's 12th Month of Age <i>Must be postmarked by birthdate</i>	\$200
By December 31 of the Yearling Year	\$400
By December 31 of the 2-Year-Old Year	\$800

No horse will be accepted for nomination after December 31 of its 2-year-old year, or if the horse has earned points in any APHA-approved event.

Foal's Name: _____

Registration Number: _____

If Foal Is Not Yet Registered

Year Foaled: _____ Date Registration Application Submitted to APHA: _____

Sire's Name: _____

Sire's Registration Number: _____

Dam's Name: _____

Dam's Registration Number: _____

Check the Appropriate Box (Payment Must Be in U.S. Funds Only)

- By December 31 of Foaling Year—\$100
 By 12th Month of Age—\$200 (Must be postmarked by birthdate)
 By December 31 of Yearling Year—\$400
 By December 31 of 2-Year-Old Year—\$800

Nominator's Name: _____

Nominator's I.D. Number: _____

Mailing Address: _____

City: _____

State: _____ Zip Code: _____

Telephone No. (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

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

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