



# Mare Nomination Form

## 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) 834-2742, ext. 441

### 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.

### Fees and Deadlines

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

By January 31 of Foaling Year	<b>\$100</b>
Feb. 1- May 10 of Foaling Year	<b>\$200</b>
May 11-July 10 of Foaling Year	<b>\$300</b>
July 11-Sept. 10 of Foaling Year	<b>\$400</b>
Sept. 11 of foaling year through 5:00 pm the day prior to class entered	<b>\$1,000</b>

Mare's Name: \_\_\_\_\_

Registration Number: \_\_\_\_\_

Nominator's Name: \_\_\_\_\_

Nominator's I.D. Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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: \_\_\_\_\_

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

- By January 31 of Foaling Year—\$100
- Feb. 1-May 10 of Foaling Year—\$200
- May 11-July 10 of Foaling Year—\$300
- July 11-Sept. 10 of Foaling Year—\$400
- Sept. 11 of foaling year through 5:00 pm the day prior to the class entered—\$1,000

**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**