



ApRHA NORTH AMERICAN NOMINATION FORM –

BUY, BREED & WIN FUTURITY

NOTE: A current ApRHA Membership fee and entire payment for nomination must accompany this form. **ONE FORM PER HORSE.**

NOMINATION FEES

The Nomination fee is a one-time payment and must be received in the ApRHA office by December 31.

Nomination fees make the horse eligible to enter the respective ApRHA Buy, Breed & Win Futurity. It does not include Entry or Judges fees.

Same Year As Breeding:	\$350.00	<input type="checkbox"/>
Weanling Year:	\$500.00	<input type="checkbox"/>
Yearling Year:	\$750.00	<input type="checkbox"/>
2-Year-Old:	\$1,000.00	<input type="checkbox"/>
3-Year-Old: (Must be paid prior to 10/1)	\$1,500.00	<input type="checkbox"/>

ALL FIELDS ARE REQUIRED

Foal Name _____

Foaling Date _____ Sex _____ These are only to be filled out if foal has been born.

Sire _____ Dam _____

Foal Owner _____

Nominator _____

Mailing Address _____ City _____

State/Province _____ Zip/Postal Code _____

Phone _____ Email _____

Current ApHC Member? *Circle one.* Yes No Current ApRHA Member? *Circle one.* Yes No

Visit <http://appaloosa.com/> for memberships. Visit <http://aprha.com/> for memberships

RELEASE AND WAIVER OF LIABILITY (Signature Required)

I have read and understood the terms and conditions of the ApRHA Nomination program and agree to abide by those terms and conditions, as well as the ApHC/ApRHA Rules and Regulations. I have the authority and hereby do, by making this nomination, assume responsibility for and bind owner, nominator, and/or agent to the terms and conditions of this Release and Waiver of Liability. I warrant that I am of legal age and that I have read and understood the foregoing terms and conditions.

Signature _____

Printed Name _____

Date _____

PAYMENT METHOD

Make checks or money orders payable to: ApRHA PLEASE NOTE: Payments made by credit card will be charged a 3.5% Service Fee

Card # _____ Exp. Date _____

CVV # _____ Cardholder Name _____ Phone Number _____

Cardholder Signature _____

Mail forms to: ApRHA/13610 W. Greenview Drive/Wadsworth, IL 60083 Attn: Secretary