



# 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 \_\_\_\_\_

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 4.0% Service Fee

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

CVV # \_\_\_\_\_ Cardholder Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

**Mail forms to: ApRHA/3757 NW State Rd W, Hamilton, MO 64644 Attn: Secretary**