



# FOAL NOMINATION

**NAME OF FOAL**

**NAME OF MARE**

**NAME OF STALLION**

**FOALING DATE**

**FOAL AGE**    Weaning - \$200    Yearling - \$350  
 2 yr old - \$750    3 yr old - \$1500

**OWNERS INFO**

First Name

Last Name

**ADDRESS**

Street Address

Postal / Zip Code

City

State / Province

**CELL NUMBER**

**EMAIL**

PLEASE RETURN WITH CHECK MADE OUT TO APRHA AND SEND TO  
LESLIE TEMPLE 8615 GLEN ROSE HWY GRANBURY TEXAS 76048

Questions please call Leslie at 817- 776 -2633

**CREDIT CARD PAYMENTS**

Please reach out to Robin at [rlmichaelz@yahoo.com](mailto:rlmichaelz@yahoo.com) or 262-909-0628