2018 Farnam Stakes Enrollment Form

HORSE ENTRY INFORMATION (one horse per form)

Horse's Name:_____ Registration #_____

Year Foaled:_____ Sire:_____ Breeder:_____

Owner's Name:_____ ID#_____ Address:_____

City:_____ State:_____ Zip:_____ Telephone:_____

E-mail:_____ Social Security Number:_____

(If not already on file with APHA)

PAYMENT INFORMATION

Enrollment Payment
Postmarked November 1, 2017
☐ $1,500

Late Payment
Postmarked December 31, 2017
☐ $3,000

No additional entries will be accepted after December 31, 2017.

FORM OF PAYMENT

☐ Check or Money Order Enclosed ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Credit Card#_____ Expiration:_____ CVV#_____

Cardholder's Name:_____ Signature:_____

Address:_____ APHA ID#_____

City:_____ State:_____ Zip:_____

Telephone:_____ E-mail:_____

☐ I give APHA permission to charge my credit card for any amounts due with regards to my entries.

I have read and agree to all conditions listed in the Farnam Stakes Conditions. Presentation of a signed entry form shall be deemed acceptance of the rules pertaining to this show.

X_____ _____

SIGNATURE OF HORSE OWNER/AGENT DATE

For complete rules, please read the Stakes Conditions by visiting www.apha.com/oawcs/farnamstakes

Contact, mail, fax or email form to:

American Paint Horse Association
APHA Farnam Stakes
P.O. Box 961023 • Fort Worth, Texas 76161-0023
(817) 222-6441 • Fax: (817) 222-8489
Email marias@apha.com • apha.com/oawcs/farnamstakes