



# Breeders' Futurity

◆ PLATINUM ◆

## PLATINUM DIVISION

### Please Note the Following Instructions:

1. The yearling must be sired by a Breeders' Trust-subscribed stallion that has been enrolled to the Platinum program.
2. The yearling must be nominated in the yearling year to be eligible to compete in the Platinum Breeders' Futurity Yearling classes.
3. The yearling nomination must be made in the name of the owner or the lessee on record with APHA or a waiver available through APHA must be completed.
4. Complete rules can be found in the Breeders' Futurity brochure available at [apha.com/showing/breedersfuturity](http://apha.com/showing/breedersfuturity)

### Mail, fax or email form to:



**American Paint Horse Association**

### APHA Breeders' Futurity Program

122 East Exchange Ave.  
Suite 420  
Fort Worth, Texas 76164

Phone: (817) 222-6441  
Fax: (817) 834-3152  
Email: [marias@apha.com](mailto:marias@apha.com)  
Online: [apha.com/showing/breedersfuturity](http://apha.com/showing/breedersfuturity)

# Platinum Yearling Nomination Form 2023 Foals

Yearling's Name: \_\_\_\_\_

Yearling's Registration Number: \_\_\_\_\_

Name of Platinum enrolled sire of yearling: \_\_\_\_\_

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

*(Must be owner of yearling at time of submission. See #3 of instructions)*

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

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

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

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

Email: \_\_\_\_\_

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 February 15 of Yearling Year—\$200

February 16-April 1 of Yearling Year—\$300

April 2-June 1 of Yearling Year—\$400

June 2 of Yearling Year and Later—\$500

***Dates listed are based on postmark date.***

**Please pay by:** VISA    MasterCard    American Express    Discover  
Check    Money Order

*If paying by check, your check may be converted to an electronic funds transfer.*

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV#: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

APHA ID #: \_\_\_\_\_

Amount to charge: \$ \_\_\_\_\_

Signature of person completing this form: \_\_\_\_\_

For Office Use Only