



Breeders' Futurity

◆ PLATINUM ◆

Please Note the Following Instructions:

1. The mare must be bred to a Breeders' Trust-subscribed stallion that has been nominated to the Platinum program.
2. The foal's dam must be nominated to the Platinum Futurity in order for the resulting foal to be eligible for the Platinum Futurity program.
3. The mare nomination must be made in the name of the mare's owner or the lessee on record with APHA or a waiver available through APHA must be completed.
4. If mare is registered with AQHA or The Jockey Club, include a copy of her original registration certificate (both sides).
5. ***If the mare is registered with AQHA or The Jockey Club and has not been bred to an APHA stallion previously, a \$25 mare enrollment fee will be added onto your mare nomination payment.***
6. Complete rules can be found in the Breeders' Trust/Breeders' Futurity brochure available at 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
Online: apha.com/showing/breedersfuturity

Platinum Mare Nomination Form 2024 Foals

Mare's Name: _____

Mare's Registration Number: _____

Name & registration number of Platinum enrolled stallion mare was bred to:

Nominator's Name: _____

(Must be owner of mare at time of breeding or foaling. 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 Foaling Year—\$200

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

April 2-June 1 of Foaling Year—\$400

June 2 of Foaling 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