



Breeders' Trust

Breeders' Trust Re-Enrollment For A Nominated Horse

Beginning January 1, 2015, the new owner of a nominated horse must pay a re-enrollment fee to be eligible for the owner share of Breeders' Trust payouts when a new transfer occurs!

In order for an owner to remain eligible to receive the recorded owner's share (70%) of Breeders' Trust monies earned by his/her horse, an optional Breeders' Trust re-enrollment fee of \$100 will be due at the same time the horse's ownership is transferred at APHA to their name (above and beyond other applicable transfer fees, memberships, etc.). The re-enrollment fee will apply to all new owners. If any buyer (new owner) opts not to re-enroll at the same time they transfer the horse at APHA, a late re-enrollment fee of \$150 applies. There will be a 90-day grace period in which the late fee will NOT apply. In this case, any qualifying Breeders' Trust points earned by that horse will accrue from the date the late re-enrollment fee is paid and processed by the APHA office. Please include registration certificate with this form. We will reprint the certificate with the Breeders' Trust logo on them and mail it back to you.

Any future buyer (new owner) will have the option of re-enrolling at the time of transfer to their ownership for \$100. All re-enrollment fees will be added to the Breeders' Trust fund and paid out in their entirety in accordance to the then current rules of program payout (currently 70% to the owner of record at APHA on December 31 of the show year, 20% to the stallion subscriber, and 10% to the foal nominator).

RE-ENROLLMENT FEE

\$100 if done concurrently with transfer
(90-day grace period from date transfer is completed by APHA)

\$150 if done after the horse is transferred

Horse's original registration certificate must accompany the Breeders' Trust re-enrollment form and fee.

Horse Name: _____ Horse Registration Number: _____

Owner Name: _____ Owner APHA ID#: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Telephone No. (Include area code): _____

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#: _____

Name on Card: _____ Card Holder's Signature: _____

Contact, mail, fax or email form to:

American Paint Horse Association

122 E. Exchange Ave • Suite 420 • Fort Worth, Texas 76164
(817) 222-6441 • Fax: (817) 834-3152 • Email: askapha@apha.com

