

Please Note the Following Instructions:

- 1. The foal's sire must have been subscribed for the breeding year in which the foal was conceived in order for a foal to be eligible for nomination.
- The foal nomination must be made in the name of the foal's owner or the lessee on record with APHA.
- 3. Nomination will not be accepted if horse has earned points in APHA competition.
- Include the following items with this nomination form: Original Registration Certificate (if foal is registered), Registration Application (if foal is not registered) and appropriate fee.

Foal nominations must be received in the office or postmarked according to the following schedule:

By December 31 of foaling year	*\$125	
By the foal's 12th	\$200	
month of age		
Must be postmarked		
by birthdate		
By December 31	\$400	
of the yearling year		
By December 31	\$800	
of the 2-Year-Old year		
3 years & older	\$1,300	

*If the foal is registered online and nominated at the same time (by December 31 of the foaling year), the nomination rate will be discounted to \$100.

Mail, fax or email form to:



American Paint Horse Association

APHA Breeders' Trust Program 122 East Exchange Ave., Suite 420 Fort Worth, Texas 76164 Phone: (817) 222-6441

For Office Use Only

Fax: (817) 834-3152 Email: *marias@apha.com*

Foal Nomination Form

Sire Name Registration Num Nominator's Name Nominator's APHA I.D. N Mailing Address City, State and Zip Code Telephone (Include Area Code) E-mail 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 Foal Nomination Fee Check the appropriate box (payment must be in U.S. funds only) By December 31 of foaling year—*\$125 By 12th month of age—\$200 (Must be postmarked by birthdate.) By December 31 of yearling year—\$400 By December 31 of 2-Year-Old year—\$800 3 years and older—\$1,300 Please pay by: VISA MasterCard American Express Discove Check Money Order If paying by check, your check may be converted to an electronic funds transfer. Credit Card Number Expiration Date CVV	Name: ration Number:_				
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