

For 2023 & 2024 Foals

(For complete rules please see Stallion nominator contract.)

FEES & DEADLINES:

First Payment

Postmarked December 31, 2023

\$2,500

Second Payment

Postmarked April 1, 2024

\$2,500

Total Enrollment Fee \$5,000

Mail, fax or email form to:



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: <u>apha.com/showing/</u> breedersfuturity

Platinum Sire Enrollment Form

| Stallion's Name: | | | | | | | |
|--|---------------|---------------------------|------------------|----------|--|--|--|
| Registration Number: | | | | | | | |
| Enrollment Fee (Payment must be in U.S. Funds only) | | | | | | | |
| \$2,500–First Payr | ment | \$2,500-Seco | nd Payment | | | | |
| Owner's Name: | | | | | | | |
| Owner's I.D. Number: | | | | | | | |
| Mailing Address: | | | | | | | |
| City: | | | | | | | |
| State: | Zip Code: | | | | | | |
| Telephone No. (Include area code): | | | | | | | |
| E-mail: | | | | | | | |
| Owner's Social Security No. or Federal Tax I.D. No.: | | | | | | | |
| Name of Individual w | hose Socia | al Security No. | | | | | |
| or Tax I.D. No. you ha | ave listed: _ | | | | | | |
| Please pay by: | VISA Check | MasterCard Money Order | American Express | Discover | | | |
| 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



Sire Nominator's Contract

2024 Platinum Breeders' Futurity

Please keep a copy of this contract for your records. By signing this contract you are bound by the following conditions.

| I hereby nominate: | | | | to the |
|---|---|-------------------------------------|-------------------------------------|--------------------------|
| Thereby nonmuce: | (Name of Stallion) | | (Stallion's Registration Number | |
| American Paint Horse Association (Al | PHA) Breeders' Futurity Platin | num program subject to | the following terms and o | condition on the |
| Day: | Month: | Year: | | |
| I agree to pay the designated fees to the program be subject to the appropriate late fee. | as outlined below to the APHA. I uno | derstand that there is a late fee | schedule and understand if a p | ostmark is missed I will |
| A. Total Stallion Nomination Fee- All stall | ions who submit their enrollment by Do | ecember 31 2023 will be allowed | to enroll for \$5 000. Please see n | payment schedule below |
| B. FIRST PAYMENT: Postmarked by D | • | COND PAYMENT: Postmarked | • | dyment benedule below. |
| C. If the second payment is not received b | , | | | l action. |
| D. Any foal whose dam was nominated nominator default on the second pay | to the Breeders' Futurity Platinum p | , | | |
| E. The enrollment fee collected from the | at stallion will stay in the Breeders' Fu | uturity Platinum purse. | | |
| 2. I agree that if I wish to advertise a new stallion for 1 of the foaling year. | | | ng so (\$2,500). The second payn | nent would be due April |
| 3. I agree that by signing this document that if I hav Futurity I will pay his 2024 initial payment by De | | ent and if I advertise my stallion | during the breeding as being ir | ı the Platinum Breeders' |
| 4. I agree that I will not ship semen or breed any ma Platinum and all foals by that stallion will be inel | | ling year. If I am found in violati | ion of this, I will be removed from | n the Breeders' Futurity |
| 5. I agree that to advertise my stallion as a Breeders not paid my initial enrollment fee into the Breede | | | ion fee. If I am found to advertis | e my stallion and I have |
| 6. I understand that this contract is a binding agree | ment between me, personal represent | tatives (trainers, breeding mana | agers) and the APHA. | |
| 7. The Platinum Breeders' Futurity program is adminotice. | nistered by the APHA Board of Direct | tors and the APHA. Program rul | les are subject to change or cano | ellation with or without |
| Name of Owner: | | | | |
| Signature of Owner: | | Date: | | |
| Name of Representative: | | Relationship: | | |
| Signature of Representative: | | Date: | | |

Mail, fax or email form to:



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