

AMERICAN HACKNEY HORSE SOCIETY NATIONAL BREEDERS' PONY FUTURITY

ALL AMERICAN HORSE CLASSIC, SEPTEMBER 2020, INDIANAPOLIS, INDIANA

**AHHS NATIONAL BREEDERS' FUTURITY WILL BE SUBJECT TO
DNA TESTING FOLLOWING EACH CLASS**

NOMINATION FORM FOR PONY STALLIONS AND MARES FOR 2020 NOMINATIONS DUE MAY 20 - ONE OWNER PER ENTRY FORM

STALLIONS - \$50.00 EACH

| REGISTERED NAME | REGISTRATION # | RECORDED OWNER | \$50.00 EACH |
|-----------------|----------------|----------------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

MARES - \$10 EACH (PLEASE USE TWO LINES IF NECESSARY FOR COMPLETE NAME)

| REGISTERED NAME | REGISTRATION # | RECORDED OWNER | IN FOAL TO: | \$10.00 EACH |
|-----------------|----------------|----------------|-------------|--------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

THE NOMINATION FEE FOR 2020 WEANLINGS IS \$35.00 DUE JULY 1, 2020

AN INVOICE WILL BE SENT TO THE OWNER OF RECORD OF THE WEANLING ON OR BEFORE JUNE 1

STATEMENTS FOR ALL PAYMENTS WILL BE SENT FROM THE AMERICAN HACKNEY HORSE SOCIETY (AHHS) OFFICE TO THE OWNER/AGENT AS DESIGNATED BELOW, BUT THE AHHS ASSUMES NO RESPONSIBILITY TO REMIND PARTICIPANTS OF PAYMENTS DUE. IN MAKING THIS ENTRY YOU AGREE TO THE RULES OF THE AMERICAN HACKNEY PONY NATIONAL BREEDERS' FUTURITY. AHHS (AS OF **JUNE 15**) MEMBERSHIP DUES MUST BE CURRENT. **WEANLINGS APPLICATION FOR REGISTRATION AND DNA TEST KIT REQUEST MUST BE RECEIVED IN THE AHHS OFFICE BY JULY 1. DNA TEST KITS MUST BE MAILED TO THE UNIVERSITY OF CALIFORNIA AT DAVIS BY JULY 15 IN ORDER TO SHOW. MAKE CHECKS PAYABLE TO AND MAIL TO: AMERICAN HACKNEY HORSE SOCIETY, 4059 IRON WORK PARKWAY, A-3, LEXINGTON, KY 40511 (LEASE AGREEMENTS MUST BE ON FILE WITH THE AHHS OFFICE)**

RECORDED OWNER: _____ SIGNATURE (OWNER/AGENT): _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____ TELEPHONE: _____

SOCIAL SECURITY NUMBER OR EIN: _____ E-MAIL: _____