

NOMINATION OR SUSTAINING PAYMENT FORM

NAME OF RACE: **BREEDERS CROWN NO. 25-Supplemental Nomination***

FOALS OF **2009**

****(also must make February 15 sustaining payment)***

OWNER OR AGENT

MAKING PAYMENT: _____

STREET: _____

CITY, STATE, ZIP: _____

PHONE _____ FAX: _____

EMAIL: _____

CHECK IF YOU WANT ELIGIBILITY LISTS MAILED EMAILED WEBSITE DOWNLOAD

Indicate the Total Amount (U.S. Funds Only)

SUPPLEMENT PYMT..... **\$10,000.00**

DATE DUE **FEB. 15, 2012**

TOTAL PAID: _____

Please provide the following information for each nominated horse
***Use C, F, or G (for 2 or 3yos) to indicate sex -- Do NOT use M for Male, or F for Female.**

NAME OF HORSE (If Changed, Give Original Name Also)	AGE	SEX*	GAIT	SIRE	DAM
	3				

NOTE: To get the most value from this form, make copies so there is one form with each payment and/or race or use the fillable pdf form online.

Additional copies of this form are available on the website, or by calling, faxing or emailing

Notice: Some of these events require additional payments, and an entrance fee, in order to remain eligible. Check the conditions in the U.S.T.A. Stakes Guide, on line at www.ustrotting.com or at www.hambletonian.org

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or email callie@hambletonian.org

website: www.hambletonian.org

“Supporting and encouraging the breeding of Standardbred horses for over 85 years”

RACE	1007
CHECK # _____	
BATCH # _____	
DOC# _____	
PAY# _____	
NOM # _____	
TOTAL _____	
HORSE _____	
STAKE _____	

