



Stallion Enrollment

Registered Name _____ *copy of papers required
Registration Number/s _____ Foaling Date _____
Breeding Year _____

STANDING AT _____

Address _____ City _____ State _____
Phone _____ Email _____

Nominator Information

Owner Name _____
Address _____ City _____ State _____
Phone _____ Email _____

Enrollment Must Be Received By November 15

Option 1

\$10,000.00 by November 15

Option 2

\$5,000.00 by November 15

\$5,000.00 by February 1

I have read and understand the terms and conditions of The Breeders Challenge Enrollment Program agreeing to abide by the terms and conditions associated therein. By signing I assume responsibility of ownership of enrolled stallion.

Signature Printed Name Date

Payment Method

Check Cashiers Check Visa Mastercard American Express Wire Transfer 3% Office Fee will be charged for Credit Cards
Account Number _____ Expiration _____ CVC Code _____
Name On Card _____ Address _____

Signature Printed Name Date