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**FUTURITY AGED HORSE INITIAL NOMINATION YEAR 2021-COMPETITION YEAR 2022**

**(NOT PREVIOUSLY NOMINATED FOR THIS PROGRAM)**

**CHECK HERE [\_\_] IF NOMINATING 2021 WEANLING TO COMPETE AS 2022 YEARLING PAY $150 [\_\_] CHECK HERE [\_\_] IF NOMINATING 2021 YEARLING TO COMPETE AS 2022 2YEAR OLD PAY $250 [\_\_]**

**CHECK HERE [\_\_] IF NOMINATING 2021 2YEAR OLD TO COMPETE AS 2022 3YEAR OLD PAY $350 [\_\_]**

**(IF YOU HAVE PREVIOUSLY NOMINATED THIS HORSE USE THE RENOMINATION FORM)**

**NOMINATION PERIOD SEPTEMBER 1, 2021 THROUGH AUGUST 1, 2022**

**ONE NOMINATION PER FORM**

**PUREBRED: CHECK HERE [\_\_] HALF ARABIAN: CHECK HERE [\_\_] REGISTRATION MUST ACCOMPANY THIS FORM**

|  |  |  |
| --- | --- | --- |
| **SIRE:** | **REGISTRATION#** | **BREED:** |
| **DAM:** | **REGISTRATION#** | **BREED:** |

**NAME OF HORSE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AHA#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SEX (CHECK ONE): COLT [\_\_]: MARE [\_\_]: GELDING [\_\_]: // COLOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME OF OWNER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FARM OR RANCH NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WEB SITE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME OF BREEDER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(IF NOT SAME AS OWNER)**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FARM OR RANCH NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WEB SITE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I, THE UNDERSIGNED, HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY, THE COLORADO ARABIAN BREEDERS ALLIANCE (CABA) CBC FUTURITY RULES AND REGULATIONS, AND THAT ALL ENTRIES MADE ON THIS FORM ARE TRUE AND CORRECT.**

**X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DATE\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(OWNER OR AGENT SIGNATURE)**

**MAKE CHECKS PAYABLE TO COLORADO ARABIAN BREEDERS ALLIANCE (CABA). SEND YOUR NOMINATION (WITH ALL FEES) AND REGISTRATION TO: CABA NOMINATIONS, C/O DEBBIE HELMICK**

**930 W WOLFENSBERGER RD, CASTLE ROCK, CO 80109**

**CREDIT CARDS ACCEPTED (4% SURCHARGE): (**AMERICAN EXPRESS-DISCOVER-MASTERCARD-VISA**)**

**NAME AS IT APPEARS ON CARD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_C/C#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BILLING STREET# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Billing Zip#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXP Date:\_\_\_\_/\_\_\_\_\_ Sec Code:\_\_\_\_\_**

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

(CARD HOLDER SIGNATURE)

**YOU MAY EMAIL THIS FORM TO wildflower\_farms@mindspring.com IF USING C/C**