Name: _____

Address: _____

City, State & Zip: _____

E-Mail _____

**A COPY OF THE REGISTRATION PAPERS OF EACH NEW NOMINEE MUST ACCOMPANY THIS FORM**

| BREED | NAME | D.O.B. | Reg. No. |
|---|---|---|---|
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| | Rates | |
|---|---|---|
| **Year** | **Age** | **Fee** |
| 1 | Kid Pre-Pay | $10.00 |
| | or | |
| 1 | Kid | $2.00 |
| 2 | Yearling | $4.00 |
| 3 | 2-Year Old | $8.00 |

**Fill in the number for each age group below:**

| Number | Age Group | Amount |
|---|---|---|
| | Kids @ $10 | |
| | or Kids @ $2 | |
| | Yearlings @ $4 | |
| | 2-Year olds @ $8 | |
| | | |
| | TOTAL | |

**Scan your completed form & email or send to:**

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