



**THE AMERICAN MINIATURE HORSE
ASSOCIATION, INC.**

5601 S Interstate 35 W • Alvarado, Texas 76009
(817) 783-5600 • FAX (817) 783-6403
<http://www.amha.org>

**STALLION FUTURITY
NOMINATION**

**Breeding Year _____
Must be postmarked on or before March 1st**

STALLION NOMINATION

A. Stallion Nomination to be made annual on form provided and accompanied by \$150 Nomination Fee postmarked by MARCH 1st each year.

FUTURITY ENTRY

- A. Foals are nominated in Utero only if Sire is nominated.
- B. All entry fees are non-refundable. Please write a separate check for Futurity nominations.
- C. No point qualifications for World Show are required to show in Futurity.
- D. World Show Class entry fee applies.

SUBSTITUTIONS No Substitutions allowed.

VIOLATIONS

A. Any violations of Futurity rules are subject to penalty which may include but not be limited to forfeiture of any and all fees paid into the Futurity, and also being barred from any further participation in this or any other AMHA program of this kind.

PREMIUMS

- A. Premium money to be paid will come from a percentage of stallion nominations and mare nominations, and any monies that may be added.
- B. Nominator of sire to receive **10%** of Yearling Get's winnings.
- C. Percentage of winnings to be determined by Halter Futurity Committee, based on number of horses shown.
- D. Premiums to be paid within sixty (60) days from the end of the World Show.

Date: _____

AMHA Nominated Stallion Registered Name

Registration Number

Name of Nominator (if not Owner, than permission of Owner required)

Social Security # or tax ID #

Address

City

State

Zip

Daytime Contact Number

Email Address

Signature of Nominator - By signing this form I agree to the terms and conditions and rules governing entry into this Futurity as outlined above. **Check will be made out to Nominator as indicated above.**

Nomination Fee (must accompany nomination): \$150.00

The nomination fee is non-refundable and non-transferable. Returned checks will be assessed a \$25 charge.

Check or Money Order Enclosed (Make checks payable to AMHA) or If you wish to pay fee with a Visa, MasterCard, American Express or Discover, please complete the following information
(All credit card payments will be subject to a 3.5% credit card processing fee)

Name as it appears on card: _____

Card #: _____ Exp. Date: _____ CVV: _____

Signature: _____