



Foal Nomination Form 2010

Name of Foal Owner/Nominator: _____

Address: _____

City/State/Zip: _____

Phone (provide 2): _____

Email: _____ AMHA Membership No. _____

Foal Name: _____

Table with 2 rows and 3 columns: Foal Registration No., Sire's Name, Sire's Registration No.; Foal Date of Birth, Dam's Name, Dam's Registration No.

Attach a color copy of foal's AMHA Registration papers.

Breeder Name: _____ AMHA Membership No. _____

Address, City/State/Zip: _____

Email: _____ Phone: _____

AFFIDAVIT OF REGISTRATION INFORMATION BY OWNER. I hereby certify that: said horse meets the requirements set forth by the KMHB IF the information on this form is correct and I understand that if the information on the form changes and the form is no longer correct, I am required to amend the form within thirty (30) days after the information changes; I assume full responsibility for the registration of said horse as a KMHB IF Registered Horse and agree that if a horse is later proved to be ineligible due to false or misleading information provided in this form that: (1) the nomination may be denied, suspended or revoked; (2) I may be forever barred from registering foals for the KMHB IF; and (3) I may be subject to civil and criminal penalties under the laws of the Commonwealth of Kentucky for providing fraudulent information. Furthermore, I agree to promptly provide any additional information to the official KMHB IF Manager upon request to confirm information submitted with this nomination, or nomination may be denied, suspended or revoked.

Owner (print name) _____ Date _____ (signature)

Registration Deadline and Fees:

- 1. Registration must be made by December 1st of birth year (foals registered after August 1st of birth year will not start accumulating points until January 1 of following year). A \$50.00 fee must accompany this form.
2. Any foal nominated after December 1, 2010, there will be a late fee of \$200.00 per month, plus the regular nomination fee of \$50.

Eligibility for KMHB IF Program:

- 1. Stallion and Mare nominated for KMHB IF. Out of State must include a Foaling Verification Form and copy of mare's board bill while in Kentucky.
2. Must be a member in good standing with KMHB and AMHA.
3. All foals must have been conceived and foaled in Kentucky.

Please mail completed forms and payment to:

Kentucky Miniature Horse Breeders
PO Box 235 - Simpsonville, KY 40067

OFFICE USE ONLY
CHECK NO. _____
DATE PROCESSED _____
PROCESSED BY _____