

ARIZONA QUARTER RACING ASSOCIATION

FUTURITY STALLION NOMINATING CONTRACT

This contract is between the Owner/Lessee of Stallion, thereafter know as Owner/Lessee; and the Arizona Quarter Racing Association, hereafter know as AQRA.

I wish to nominate my Stallion _____ for the _____ breeding season.
(Name of Stallion) (Year)

To make the following foals eligible to be nominated to the _____ AQRA Futurity.
(Year)

Conditions:

1. Stallion Owner/Lessee (nominator) must be a member in good standing of the AQRA.
2. The Stallion must stand in Arizona. Paint Stallions are welcome.
3. Stallion Owner/Lessee must pay to the AQRA a nomination fee of:
 - A. A payment of \$250.00 by March 1st of the breeding season year OR
 - B. A late payment of \$1,000.00 by December 1st of the breeding season.
4. If a nominated stallion should die before breeding (live cover or AI) a mare in the year nominated, the nomination will be refunded.
5. Any foal, whether conceived by live cover, AI, cooled transported semen, or frozen semen by a nominated stallion, which meets breed registry requirements, will be eligible to run in the AQRA Futurity.
6. If the stallion is moved from Arizona after breeding a mare in Arizona, only those foals resulting from the breeding in Arizona will be eligible to enter the AQRA Futurity.
7. If any person should knowingly falsify any statement or attempt in any way to defraud the AQRA, that person will be suspended from and denied all privileges of the association.
(includes spouse, children and parents living in the same household)

NOMINATION FORM

Stallion Name _____ Reg.No. _____

Owner's Name _____

Lessee's Name (if leased) _____

Name of Farm where Stallion Stands _____

Address of Farm _____

City _____ State _____ Zip _____ Phone _____

Amount Enclosed – Please include owner's membership (Please Circle)

~~\$35.00~~ single membership ~~\$30.00~~ partnership or husband and wife
50 75

March 31st - \$250.00 OR December 1st - \$1,000.00

Signature: Owner/Lessee _____ **Date** _____

Signature: AQRA Executive Director _____ **Date** _____

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