



# Stallion Nomination Form 2019

Submit this form by February 1 of the breeding season  
[www.KyQHA.com](http://www.KyQHA.com)

KENTUCKY  
QUARTER  
HORSE  
ASSOCIATION

Name of Stallion Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone (provide 2): \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_

**Regular Stallion Nomination** or  **Sustaining Only**

\$300 Regular Stallion Nomination Fee for 1 year – stallion’s name is listed on the KyQHA website.

\$300 Sustaining Only Stallion Fee for 1 year - stallion’s name is listed on the KyQHA website as “Sustaining Only”

**Stallion Name:** \_\_\_\_\_

**AQHA Registration Number:** \_\_\_\_\_; Specialty (e.g. barrel racing/pole bending, cutting, halter, hunter under saddle, race, reining, roping, western pleasure, working cow horse): \_\_\_\_\_

### Location of Stallion during 2019 Breeding Season (Optional for Sustaining Only Stallions)

Name of Farm/Ranch \_\_\_\_\_

Farm/Ranch/Owner/Contact \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Stallion or Farm Web Site \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_

Statements of KyQHA BIF Compliance (Please read each statement and check corresponding box; **NOT required for Sustaining Only Stallions**):

- By December 31, 2019, I will submit a breeding report to KyQHA following the breeding season to confirm mares were bred in Kentucky during 2019.
- I have read the KyQHA BIF Rules & Regulations and agree to abide by them. Any attempt in connections with the Kentucky Horse Breeders’ Incentive Fund to provide false or misleading information to the Kentucky Quarter Horse Association (KyQHA), government officials, or to otherwise engage in fraudulent activity, shall result in appropriate disciplinary action by the KyQHA and the application of all civil and criminal penalties that may apply.

Signature of Stallion Owner/Agent \_\_\_\_\_ Date \_\_\_\_\_

**Pay by Credit Card: Visa MC DISC (a \$3 convenience fee is added to all credit card transactions)**

**Cardholder Name:** \_\_\_\_\_ **Card #:** \_\_\_\_\_

**Exp Date:** \_\_\_\_\_ **3 Digit Code:** \_\_\_\_\_ **Cardholder Signature:** \_\_\_\_\_

Mail completed forms to: KyQHA, PO Box 23917, Lexington, KY 40523-3917  
Fax toll-free to: faxed to: (888) 641-3944  
Scan and email to: [info2@kyqha.com](mailto:info2@kyqha.com)