

MINNESOTA ARABIAN HORSE BREEDERS, INC.  
MEDALLION STALLION FUTURITY

# PERFORMANCE DIVISION NOMINATION FORM

Medallion Stallion: \_\_\_\_\_

Horse To Be Nominated: \_\_\_\_\_ AHA # \_\_\_\_\_

Date Of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Dam's Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

Farm Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Work/Barn: (\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_

\*\* It is your responsibility to notify the MAHB Treasurer of any change of address or change in ownership of the horse.\*\*

**ELIGIBILITY:** Sire must be current Medallion Stallion or Medallion Stallion in year bred.

**NOMINATION FEE: \$500.00**

**PLEASE INCLUDE WITH THIS FORM: NOMINATION DUES AND A COPY OF BOTH SIDES OF YOUR HORSE'S AHA REGISTRATION CERTIFICATE.**

**MAKE CHECK PAYABLE TO: MINNESOTA ARABIAN HORSE BREEDERS, INC.**

**OR Charge the following credit Card: (Mark One):** Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ AMEX \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

***Return Form and Payment to:***

**MAHB, Inc. 2101 Indian Road West, Minnetonka, MN 55305 Inquiries to Greg Brown 612-760-1048**

For MAHB Use Only:

Fee Paid: \_\_\_\_\_ Date Received: \_\_\_\_\_ Postmark Date: \_\_\_\_\_ Initials: \_\_\_\_\_