

**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 \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Card

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

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

**MAHB, Inc. PO Box 244 Medford, MN 55049 Inquiries to James Gute, Treasurer 507-456-8391**

For MAHB Use Only:

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