



**Enrollment Form
 Breeders Championship Futurity
 Color Breeders Championship Futurity
 Stallion Incentive Fund License**



Please check the NSBA website to check the eligibility of the sire for the foaling year. Return with a copy of current breed registration papers. You may nominate as "pending" if you have not received registration papers. Nominator and owner must be a current NSBA member.

Horse Name: _____ Foal Date: _____
 Breed(s): _____ Registration Number: _____ Sex: M S G
 Sire: _____ Dam: _____
 Horse Nominator: _____
 Address: _____ City, State, Zip: _____
 Telephone: _____ Email: _____
 NSBA Membership #: _____ Social Security Number: _____

Check here if Nominator & Owner are the same

Horse Owner: _____
 Address: _____ City, State, Zip: _____
 Telephone: _____ Email: _____
 NSBA Membership #: _____ Social Security Number: _____

| BCF Enrollment options | Color BCF Enrollment options |
|--|--|
| Weanling: * The nominator must be the same for all foals to receive multiple foal discount by December 15 of foaling year: ___ 1-4 foals \$125 per foal ___ 5 + foals \$100 per foal* Yearling: by May 15 of yearling year: _____ \$ 200 after May 15 of yearling year: _____ \$1,000 2 Year Old: _____ \$2,000 3 Year Old: _____ \$3,000 | Weanling: * The nominator must be the same for all foals to receive multiple foal discount by December 15 of foaling year: ___ 1-4 foals \$125 per foal ___ 5 + foals \$100 per foal* Yearling: by May 15 of yearling year: _____ \$ 200 after May 15 of yearling year: _____ \$ 750 2 – 6 Year Old: _____ \$ 750 |

| Stallion Incentive Fund License Enrollment options |
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| Weanling: * The nominator must be the same for all foals to receive multiple foal discount by December 15 of foaling year: ___ 1-4 foals \$125 per foal ___ 5 + foals \$100 per foal* Yearling: by May 15 of yearling year: _____ \$ 200 after May 15 of yearling year: _____ \$1,000 2 Year Old: _____ \$2,000 |

Effective through December 31, 2018

Total Amount Enclosed: \$ _____ Check/Money Order Enclosed MC/Visa/American Express/Discover

Credit Card #: _____ Exp Date: _____

Name on Card: _____ Security Code: _____

Do not mail enrollment form if they have been emailed or faxed

Note: It is sender's responsibility to confirm the receipt of this fax to the NSBA office.
 1391 St. Paul Avenue Gurnee, IL 60031 847-623-6722 847-625-7435 (fax) www.nsba.com