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**FUTURITY IN UTERO NOMINATION**

**2019 BREEDING (IN UTERO) FOR 2020 FOAL AND 2020 WEANLING COMPETITION**

**NOMINATION PERIOD: July 1, 2019 TO JANUARY 31, 2020**

**ONE NOMINATION PER FORM**

**PUREBRED: CHECK HERE [\_\_] HALF ARABIAN: CHECK HERE [\_\_]**

**NOMINATION FEE $50: CHECK HERE [\_\_]**

 **PLEASE COMPLETE THE IN UTERO NOMINATED FOAL REPORT WHEN YOUR FOAL IS BORN!**

**IF THIS IS A NOMINATION TRANSFER AS A RESULT OF NO LIVE FOAL FROM 2019 BREEDING: CHECK HERE [\_\_] AND ATTACH THE IN UTERO NOMINATED FOAL REPORT FOR 2020 (MAIL TO DEBBIE HELMICK: NO ADDITIONAL FEE)**

|  |  |  |
| --- | --- | --- |
| **SIRE:** | **REGISTRATION#** | **BREED:** |
| **DAM:** | **REGISTRATION#** | **BREED:** |

**NAME OF FOAL OWNER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_**

 **PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FARM OR RANCH NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WEB SITE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME OF BREEDER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(IF NOT SAME AS OWNER)**

 **ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_**

 **PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FARM OR RANCH NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WEB SITE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I, THE UNDERSIGNED, HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY, THE COLORADO ARABIAN BREEDERS ALLIANCE (CABA) CBC FUTURITY RULES AND REGULATIONS, AND THAT ALL ENTRIES MADE ON THIS FORM ARE TRUE AND CORRECT.**

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(OWNER OR AGENT SIGNATURE)**

**MAKE CHECKS PAYABLE TO COLORADO ARABIAN BREEDERS ALLIANCE (CABA)**

**CREDIT CARDS ACCEPTED: SEE PAGE 2 (BACK) OF THIS NOMINATION FORM**

**SEND YOUR NOMINATION (WITH ALL FEES) TO: CABA NOMINATIONS**

 **C/O DEBBIE HELMICK**

 **930 W WOLFENSBERGER RD**

 **CASTLE ROCK, CO 80109**

**CREDIT CARDS ACCEPTED (4% SURCHARGE): (**AMERICAN EXPRESS-DISCOVER-MASTERCARD-VISA**)**

**NAME AS IT APPEARS ON CARD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**C/C# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BILLING STREET# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EXP DATE \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ SECURITY CODE \_\_\_\_\_\_\_\_\_\_ BILLING ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

(CARD HOLDER SIGNATURE)

**EMAIL THIS FORM TO** **CABA4info@gmail.com** **IF USING C/C**