



The Yellow Rose Futurity  
Held in conjunction with the  
2017 PHBA World Show

Stallion Nomination Form



I, \_\_\_\_\_ (Owner/Agent) agree to nominate the  
Stallion, \_\_\_\_\_ Registration  
# \_\_\_\_\_ Breed/s \_\_\_\_\_

for the nomination fee of **\$100.00 for weanlings and/or \$100.00 for yearlings** to the Yellow Rose Futurity  
for **2017** and agree to the following Terms and Conditions:

1. Above stallion must already be enrolled in the WCHA Breeder's Futurity program for **2017**.  
**NEW for 2017 – Stallions participating the Palomino Incentive Program are eligible to participate in the YRF. They are to pay the same \$200 stallion fee to make their weanling and yearling offspring eligible.**
2. This stallion enrollment form must be mailed and postmarked on or before **MAY 15, 2017.**
3. A copy of the stallion's registration paper must accompany this form.
4. The stallion owner must be a current WCHA member. Membership Fee is due at time of enrollment.
5. The nomination fee/s allows all Weanlings & Yearlings sired by above stallion are eligible for competition in the **Yellow Rose Futurity in 2017.**
6. Appaloosa, Buckskin, Dun, Paint, Palomino and Quarter Horse stallions are eligible to nominate.
7. Late nomination fee into the program will be accepted at \$200.00 if postmarked on or before June 1, 2017. **Stallion nominations will not be accepted for 2017 after this date.**
8. *WCHA reserves the right to determine all rules and regulations governing the futurity.*
9. No Refunds.

**PAYMENT: Make checks payable to WCHA**

**Payment in full is required:**

Send nomination form along with your check or credit card information below postmarked on or before  
**May 15, 2017.**

**Check one or both:**  Weanling Crop- \$100.00  Yearling Crop- \$100.00

Credit Card Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

*\*A credit card fee of 3% will be charged*

*I (we) agree to abide by all the conditions of the WCHA and hereby hold the WCHA, and/or any person(s) representing the WCHA harmless for any and all damages that may occur from the enrollment in this program.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

E-mail \_\_\_\_\_ Phone #: \_\_\_\_\_

**Questions? Contact: Anna Horn @ 601-954-2335**

**Send enrollment form to: WCHA– P.O. Box 33713 – Fort Worth, TX 76162**

**Office:682.312.5356**

**Email: [blinke@conformationhorse.com](mailto:blinke@conformationhorse.com)**