

2023 WCHA WEANLING NOMINATION FORM

To Be Eligible For Competition Into WCHA Sponsored Events Horses MUST First Be Nominated, One Nomination Fee Includes <u>ALL WCHA Sponsored Events</u>. Horses Must Be Nominated Each And Every Year.

Lifetime Nomination: A "One Time Option" To Nominate Your Weanling, Must Be Paid Within 60 Days Of Foaling And Your Horse Is Then Nominated Into ALL WCHA Sponsored Events For Life (Weanling-Yearling-2 Yr Old & Aged Events) !!!

		(if registration pending leave blank) Reg. #	
		tions that this horse will have	
Sex: (Circle One) Mare-Stallion-Gelding	: Date Of Birt	th:	
Sire:	Dam:	Reg # of	Dam:
Owner Of Horse		Dunaday of Horses	
Owner Of Horse:Address:	City:	State:	
Email Address: (print clearly)	City	State	zip ne:
Owner of Horse MUST Be Current WCHA ME	MRER: Sand Mamhars	hin Form with navment	ie
Nomination Fee Options: <i>Pay Just One</i>		· · · ·	Rased On Date You Send
• \$100 "EARLY BIRD" Nomination			
New: Lifetime Nomination = \$40			•
• \$200 - Late nomination fee if pai			illinated FOI Life
 \$300 - Late nomination payment 	•		
 \$400 - Late nomination payment 		•	
\$400 - Late Hornmation after Sep	ot 20, prior to Decemb	er 31 or roaning year.	
Color Nominations For Weanlings:			
An additional nomination fee is required	to be eligible for colo	r classes within all WCHA Futu	rity Programs All horses
with APHA, ApHC, PHBA, ABRA or ARHA	_		
pay only a color nomination, they must			
	•	ted will be added to color pur	
• \$100 - Color Nomination Fee if p		-)C3.
• \$150 - Color Nomination Fee if p	•		
• \$250 – Late Color Nomination af	•	•	woonling your
and the same of th		•	<u> </u>
	•	,	•
(To receive color incentive payback	is <u>norses or an ages</u> m	iust pay annual of catch up co	ior nomination rees.)
Amount of Nomination for This Horse =	\$	Based on Date Payment	is Submitted
mount of Color Nomination for This Horse = \$ Based on Date Payment is Submitted			
Fotal Amount Due with This Nomination = \$ (Send Separate Membership Payment)			
No Refunds, No Exceptions. Any rules I		:	
	J		, , ,
PAYMENT METHOD: CHECK (ENCLOSED)	_ CREDIT CARD (BELOW)	
NAME ON CREDIT CARD:			
CREDIT CARD NUMBER:		EXP. DATE	CVV CODE:
BILLING ZIP CODE:	SIGNATURE:		
(3% usage fee when paying by credit care			