



# SUPER SIRES NOMINATION FORM

One time nomination fee. All nominated horses are eligible for Stake Purse Classes.  
Breeders Purse Class eligibility based on stallion's year(s) of enrollment.

## LIFETIME NOMINATION

### HORSE INFORMATION

Horse Name:  Foaling Date:

Breed(s):  Registration #:  Sex: M  S  G

Sire:

Dam:  Dam's Sire:

### OWNER INFORMATION

Owner:

Address:

City:  State:  Zip:  Country:

Phone:  Email:

Social Security #:

### NOMINATION FEE SCHEDULE - LIFETIME NOMINATION

Fees are based on age of foal at time of nomination. Nominate early to avoid higher nomination fees.

ALL nominated foals are eligible to compete for Stakes Purse. Breeders Purse eligibility based on stallion's year(s) of enrollment.

Please choose the applicable nomination fee below based on the age of your Super Sires foal. Standard Nomination required to add Color Bonus.

	Standard	Color Bonus
<b>WEANLING NOMINATION</b> - by December 31 of foaling year	<input type="checkbox"/> <b>\$150</b>	<input type="checkbox"/> <b>\$30</b>
<b>YEARLING NOMINATION</b> - by December 31 of yearling year	<input type="checkbox"/> <b>\$250</b>	<input type="checkbox"/> <b>\$50</b>
<b>TWO &amp; THREE YEAR OLD NOMINATION</b> - by December 31 of 3YO year	<input type="checkbox"/> <b>\$350</b>	<input type="checkbox"/> <b>\$70</b>
<b>FOUR YEAR OLD &amp; UP NOMINATION</b> - after January 1 of 4YO year	<input type="checkbox"/> <b>\$150</b>	<input type="checkbox"/> <b>\$30</b>

### PAYMENT INFORMATION

**TOTAL AMOUNT DUE:** \$   Check/Money Order Enclosed  \*Credit Card Info Below

Credit Card #:  Expires:  Security Code:

Name on Card:

Billing Address:

Billing City:  Billing State:  Billing Zip:  Country:

Cardholder Signature:

By signing above, cardholder gives Super Sires, LLC permission to charge the Total Amount Due plus a 4% convenience fee for credit card charges.

Please include a copy of registration papers (or mark "pending" if you have not received papers.)

Send to: 12601 S CR 200 W, Muncie, IN 47302 or email: info@supersires.org

It is sender's responsibility to confirm the receipt of this form to the Super Sires office.

[www.supersires.org](http://www.supersires.org)

**Questions? 765-744-7363**

#### Office Use Only

Postmarked:  Payment Reference:  Card Issued:

Registered Name:

Super Sire #: