

STALLION ENROLLMENT CONTRACT

Please mark enrollment choices below and include payment with submission.

2024 SUPER SIRES STALLION PROGRAM						GRANDFATHERING OPTIONS							
NEW ENROLLMENT FEE						For further explanation of Grandfathering Options, visit www.supersires.org and click on Program tab.							
Complete info below. RE-ENROLLMENT FEE								VESTE				\$5,000	
Use same info as last year, note any updates below.						=		NGLIS				\$3,000	
\$3,500 + DONATED BREEDING						=		NESTE ENGLIS				\$5,000 \$3,000	
·						=				PROGR	RAM:	\$4,000	
Donated breedings will be sold during Super Sires Stallion Service Auction. Stallion owners have option to reserve their breeding.						=				PROGF		\$4,000	
If stallion breeding does not sell, stallion owner will pay \$500 No Sale Fee. A percentage of Enrollment Fee will be set aside and used for Breeders Purse classes.							*Inclu	des West	ern & E	nglish Pro	ograms	. ,	
*NEWLY ENROLLED STALLIONS - Please include following with Enrollment Contract: • High resolution photos for promotional purposes. • Stallion resume (accomplishments, pedigree, black-type, etc) • Owner resume (industry and professional as related to industry)						TOTAL DUE= \$							
Please continue this stallion's enrollment in Super Sires program in subsequent years. I understand that I will receive a new contract to complete each year with updated information. Stallion will remain enrolled until Super Sires Inc. is notified in writing of stallion's withdrawal from program. I will re-enroll this stallion each year. Do not include stallion as an enrolled Super Sire for following year until notified by me to do so.													
ONE LIW	Il re-enroll this stallion each ye	ear. Do not inc	clude stallion	as an enroll	ed Su	oer Sire for	tollowin	g year until	notified b	y me to do :	SO.		
STALLION INFOR	MATION												
Stallion Name: Breed(s):									Registr	ation #(s)):		
Sire:					Dam	:							
Advertised Stud Fee:		Website:											
OWNER INFORMA	ATION	_											
Owner:		Phone:				Er	nail: L						
Address: City:									State:		Zip:		
MANAGER/FARM INFORMATION													
Farm: Contact:													
Address:	Address: City:								State:		Zip:		
Phone:			Email:										
PAYMENT INFOR	MATION												
	R Check Enclosed:	Check #	:										
Credit Card #:						Ex. Date:							
Name On Card:	Name On Card:						Sec. Code:						
Billing Address: City:									State:		ZIP:		
For complete information regarding Super Sires Stallion Enrollment please reference the complete Super Sires Rules and Bylaws. By Signing below, owner agrees to terms of Super Sires Rules & Bylaws and agrees to payment above.*There will be a 4% service fee for credit card charges included in your total.													
Signature of Owner									 Date				
Complete and send with payment to: Super Sires, 12601 S. CR 200 W., Muncie, IN 47302 or email to info@supersires.org.													
Date Postmarked:			Of Payment I	fice Use	_					Notes			
Date i Ustillaineu.			ı avıllelil i	CICICIO	, .					110162			