

Signature of Owner

Postmarked:

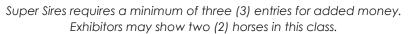
## <u>Nutrena Non-Pro Yearling Longe Line - Western</u>

## **SUPER SIRES - BREEDERS PURSE**

Proudly held @ the **Tom Powers Triple Challenge Futurity** 

Wilmington, Ohio

\$4,000 Added





www.supersires.org

Show Noted:

| ELIGIBILITY REC  |   | per Sires stallion (listed below.  | ) Horse must be nomin  | ated to Super Sires.   |   |
|--|---|--|--|--|---|
| An Absolute Martini<br>Batt Man<br>Blazing Hot<br>Certainly A Vision<br>Extremely Hot Chips  | Fortunateson<br>Gone Viral<br>Goodcowboymargarita<br>Hay Goodlookn<br>How Bout This Cowboy  | I Am The Party<br>Its a Southern Thing<br>Lazy Loper<br>Makin Me Willy Wild<br>Mechanic  | Mr Sherlock Holmes<br>Mr Zippos Good Bar<br>Nite Moves<br>Radical Signs R Good<br>Strutin On The Range   | The Best Martini<br>The Born Legacy<br>The Lopin Machine<br>Too Sleepy To Zip<br>VS Code Blue                            | VS Code Red<br>VS Flatline  |
| HORSE NAME   |   |  | Super Sires Nomination #  Nominated foals listed at: https://supersires.org/foal-nominations/nominated-foals/  |  |   |
| OWNER NAME   |   |  | ]  |  |   |
| Check if Owner Inf   | formation is same as tab  | sheet or nomination form.  | NSBA #   | Exp  |   |
| Address:   |   | City:  |  | State:   | Zip:  |
| Phone:   |   | Email  |  |  |   |
| REQUIRED Owner Social  | Security or Tax ID #:   |  |  | (Please include  | e Form W-9)   |
| EXHIBITOR NAM  | \E  |  | NSBA #   | Exp  |   |
| Relationship to Owner:   |   | Phone:   |  | Back   | #   |
| Contact at Show:   |   |  | Cell # at Show:  |  |   |
| \$350 <u>LA</u> REQUIRED DOCUM  Registro   | TE ENTRY/ENTER AT SI  | · <b>=</b> ·   | nade at show. Include<br>ments with your entry:<br>res Nomination Eligibil   |  | tion Form w/payment   |
| PAYMENT INFO   | RMATION   |  |  |  |   |
| TOTAL AMOUNT ENCLOS  | ED: \$  | Check/I  | Money Order Enclosed   | *Credit Card Ir  | nfo Below   |
| Credit Card #:   |   |  | Expires:   | Security Code:   |   |
| Name on Card:  |   |  |  |  |   |
| Billing Address:   |   | City:  |  | State: Zip   | :   |
| It is sender's respo   | onsibility to confirm rece  | ript of this form to SS office.  | *There will be a 4% o  | convenience fee for cr   | edit card charges.  |
| to and bound by the Super Sires, Li<br>on any question arising under said<br>pendent contractors, agents, perso<br>sponsoring organizations, if any, fo<br>within 2 weeks of the notification by | LC (\$S) by-laws and rules and the ru<br>rules and agree to indemnity and I<br>annel, volunteers, the host city Conv<br>r any action taken. If a horse has a<br>v SS of the positive test. Presentation | and any of his representatives, agent, tr<br>tles of this Competition and will accept of<br>hold harmless the SS, the Competition, of<br>ention & Visitors Bureau, the host facility, i<br>a positive drug test, the owner will be re-<br>of a signed entry form shall be deemed<br>wing in a class will be deemed accepta | as final the decision of the Show<br>ficials, officers, directors, employ<br>trade show vendors, sponsors an<br>quired to return all prizes and m<br>acceptance of these rules and | y Manager<br>yees, inde-<br>yees, inde-<br>yeld/or other<br>yeney won<br>other rules  Send form  Sup  1260  Mun  Questio | ns and payment to:<br>per Sires, LLC<br>D1 S CR 200 W<br>Icie, IN 47302<br>ns? 765-744-7363 |

Date

Office Use Only

Payment Reference: