

**ALBERTA QUARTER HORSE BREEDERS' GROUP**

Produced by AQHBG and Northlands

**37<sup>TH</sup> ANNUAL FALL SELECT HORSE SALE – NOVEMBER 6, 2010**

*NOMINATION FORM*

<b>Name of Registered Owner</b>	
<b>Address</b>	
<b>Postal Code</b>	
<b>Telephone Number</b>	
<b>E-mail Address</b>	

<b>Name of Horse</b>	
<b>Sire</b>	
<b>Dam</b>	
<b>Sex</b>	
<b>Color</b>	
<b>Age</b>	
<b>**Is this horse to be ridden in the sale ring?</b>	<b>YES or NO</b>
<b>What discipline? (ex. cutting, roping, etc.)</b>	
<b>Do you require cattle for the sale?</b>	<b>YES or NO</b>
<b>Would you like to advertise in the catalogue?</b>	<b>YES or NO</b>

**COMMENTS: You know your horse best! Describe your horse's attributes for others.**

- Indicate telephone number where buyers may reach you at for further information on your horse.
- Go online to [www.aqha.com](http://www.aqha.com) to online records under Member Services and do a Horse Research. Print off Sire Records, if there is nothing print off Dam Records (back to grandsire if there are no records) and send with your application. Remember, you promote your horse. **If you do not provide the AQHA records, they will not be provided for you. Every AQHA member is allotted \$10/month for records.**

**Following information must be enclosed:**

- Nomination Form
- Four (4) photos (full front; full back; full of each side)
- AQHA Sire/Dam Records
- Original AQHA Registration Papers
- Completed AQHA Correction form if required
- Signed AQHA Transfer for each horse
- Cheque payable to AQHBG (dated on or before August 20, 2010)
- If applicable – Breeder's Certificate must be presented at time of Vet Check

**Send to:**

ALBERTA QUARTER HORSE BREEDERS GROUP  
 Box 1780  
 Okotoks, AB T1S 1B6  
 Telephone: 1-866-788-4366 Toll Free

I have enclosed a Cheque to cover the required fees as follows:

_____ horse(s) @ \$_____ / head	\$ _____
Cattle Charge (\$25/head) x _____ / head	\$ _____
<b>PLUS 5% GST</b>	\$ _____
Pre-purchased 3-day parking passes (\$33 / 3-day pass) x _____	\$ _____
Pre-purchased 1-day parking pass (\$11 / 1-day pass) x _____	\$ _____
<b>TOTAL</b>	\$ _____

Having read the attached terms and conditions, I hereby agree to abide by the listed terms and conditions.

\_\_\_\_\_  
 Signature of Owner or Authorized Agent