Arkansas Thoroughbred Breeders' and Horsemen's Association

P.O. Box 21641 ◆ Hot Springs, Arkansas 71903-1641

Telephone (501) 624-6328 ◆ FAX (501) 623-5722

Email atbha@att.net

APPLICATION FOR REGISTRATION OF BROOD MARE

		Date	, 20
ame of Mare	Color	Date o	of Birth
Sire	Dam		
lockey Club Registration No	Date Acquired	From Whom	
Present Location of Brood Mare			
	(Farı	n)	
lame of Owner/Owners			
(all interes	t must be given) (if stallion is l	eased, attach a copy	of the Lease Agreement)
Address of Owner/Owners			· · · · · · · · · · · · · · · · · · ·
	(complete address of all own	ers must be given)	
2			
Signature of Owner or Agent	Stree	et, Route No. and/or l	BOX NO.
Social Security No. of Owner	City	and State	Zip Code
Telephone Number of Owner		Number	E-mail Address
ENCLOSE COPY OF JOCKEY	CLUB CERTIFICATE, BOTH FRONT	AND BACK (SHOWIN	G OWNERSHIP TRANSFERS)
FOR OFFICE LISE ON	v		
FOR OFFICE USE ONL	-Y		
Ark. Registration No			
Issued	, 20		
By			
·			

Return completed application, copy of Jockey Club Certificate and applicable registration fee to:

A.T.B.H.A. P.O. Box 21641 Hot Springs, AR 71903-1641 www.atbha.com

Member Fee - \$ 50.00 Non Member Fee - \$100.00 Late Member Fee - \$500.00 Phone (501) 624-6328 FAX (501) 623-5722 Email atbha@att.net