## 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 STALLION**

			Date	, 20	
Name of Stallion	(	Color	Date of Birth		
Sire	Dam	Sire of Dam			
Jockey Club Registration No		Date cquired		Stud Fee	
_ocation of Stallion on January 1	st of this year				
		(Farm)			
Address of Farm		City	State		
Location of Stallion during previo	ous calendar year				
	(City & State)				
Name of Owner/Owners	nterest must be given) (	íf stallion is lea	sed, attach a copy of the	Lease Agreement)	
Address of Owner/Owners					
	(complete a	address of all o	wners must be given)		
Name and Address of Farm or S	table where stallion is now	standing			
Address	City		State	Zip Code	
Signature of Owner or Agent	ature of Owner or Agent		Street, Route No. or Box No.		
Social Security No. of Owner	Telephone No. of Owne	r City, Sta	te & Zip		
	FAX No. of Owner	 Email Add	dress of Owner		
ENCLOSE COPY OF JOCK	EY CLUB CERTIFICATE, BO	TH FRONT & BA	ACK (SHOWING OWNERS	HIP TRANSFERS	
FOR OFFICE USE	ONLY				

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 Phone (501) 624-6328 FAX (501) 623-5722

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Member Fee - \$300.00 Non Member Fee - \$500.00 \$300.00 Recertification Fee Due Annually - August 1<sup>st</sup>