



**FUTURITY AGED HORSE INITIAL NOMINATION YEAR 2024-COMPETITION YEAR 2025  
(NOT PREVIOUSLY NOMINATED FOR THIS PROGRAM)**

CHECK HERE  IF NOMINATING 2024 WEANLING TO COMPETE AS 2025 YEARLING    PAY \$150   
 CHECK HERE  IF NOMINATING 2024 YEARLING TO COMPETE AS 2025 2YEAR OLD    PAY \$250   
 CHECK HERE  IF NOMINATING 2024 2YEAR OLD TO COMPETE AS 2025 3YEAR OLD    PAY \$350

**(IF YOU HAVE PREVIOUSLY NOMINATED THIS HORSE USE THE RENOMINATION FORM)**

NOMINATION PERIOD SEPTEMBER 1, 2024 THROUGH JULY 1, 2025  
ONE NOMINATION PER FORM

**PUREBRED: CHECK HERE     HALF ARABIAN: CHECK HERE     REGISTRATION MUST ACCOMPANY THIS FORM**

<b>SIRE:</b>	<b>REGISTRATION#</b>	<b>BREED:</b>
<b>DAM:</b>	<b>REGISTRATION#</b>	<b>BREED:</b>

NAME OF HORSE: \_\_\_\_\_ DOB: \_\_\_\_\_ AHA# \_\_\_\_\_  
 SEX (CHECK ONE): COLT : MARE : GELDING : // COLOR: \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

FARM OR RANCH NAME: \_\_\_\_\_  
 WEB SITE: \_\_\_\_\_

NAME OF BREEDER: \_\_\_\_\_  
 (IF NOT SAME AS OWNER)  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

FARM OR RANCH NAME: \_\_\_\_\_  
 WEB SITE: \_\_\_\_\_

I, THE UNDERSIGNED, HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY, THE COLORADO ARABIAN BREEDERS ALLIANCE (CABA) CBC FUTURITY RULES AND REGULATIONS, AND THAT ALL ENTRIES MADE ON THIS FORM ARE TRUE AND CORRECT.

X \_\_\_\_\_ DATE \_\_\_\_\_  
 (OWNER OR AGENT SIGNATURE)

MAKE CHECKS PAYABLE TO COLORADO ARABIAN BREEDERS ALLIANCE (CABA). SEND YOUR NOMINATION (WITH ALL FEES) AND REGISTRATION TO: CABA NOMINATIONS, C/O DEBBIE HELMICK

930 W WOLFENBERGER RD, CASTLE ROCK, CO 80109

CREDIT CARDS ACCEPTED (4% SURCHARGE): (AMERICAN EXPRESS-DISCOVER-MASTERCARD-VISA)

NAME AS IT APPEARS ON CARD \_\_\_\_\_ C/C# \_\_\_\_\_

BILLING STREET# \_\_\_\_\_ Billing Zip#: \_\_\_\_\_ EXP Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sec Code: \_\_\_\_\_

X \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (CARD HOLDER SIGNATURE)

YOU MAY EMAIL THIS FORM TO [wildflower\\_farms@mindspring.com](mailto:wildflower_farms@mindspring.com) IF USING C/C