CHALLENGE
BANK OF AMERICA RACING CHALLENGE

Bank of America Racing Challenge Enrollment Form

FOR OVERNIGHT DELIVERY TO AQHA: 1600 QUARTER HORSE DR, AMARILLO, TX 79104 • MAILING ADDRESS: P.O. BOX 32892, AMARILLO, TX 79120
EMAIL TO: MREED@AQHA.ORG • ✆ 877-222-7223 • FAX: 806-349-6402 BY DECEMBER 31
MAKE CHECKS PAYABLE TO BANK OF AMERICA RACING CHALLENGE

The enrollment fee is based on the age of the horse at the time of enrollment. On or before **December 31**, the enrollment fees are as follows:

Weanlings (foals of 2017) – **$300** • **Yearlings** (foals of 2016) – **$600** • **2-year-olds** (foals of 2015) – **$2,500**, January 1 - March 15

2-year-olds (foals of 2015) – **$8,000**, March 16 - December 31 • **3-year-olds & up** – **$20,000**

HORSE'S NAME

AQHA REGISTRATION NUMBER

Foal Year_____Gender_____ Fee Paid_____

Sire's Name_____

Dam's Name_____

ENROLLMENT INFORMATION AND FEE: Make checks payable to "Bank of America Racing Challenge." Nominator must be recorded owner or lessee at time of enrollment. Nomination awards will be paid based on this information as shown on AQHA records at time of enrollment

Name_____

AQHA ID #

Mailing and Street Address _____ City/State/Zip _____

Daytime Phone _____ Fax_____

Email Address _____

Social Security Number of Federal Tax ID Number of Nominator _____

ALL HORSES ENROLLED MUST BE REGISTERED WITH AQHA, OR HAVE A REGISTRATION APPLICATION PENDING OR IN ACCOMPANIMENT WITH THIS ENROLLMENT FORM.

I hereby request that the above described horse be accepted as eligible for participation in the American Quarter Horse Association's Racing Challenge, and agree to be bound by all rules and conditions of the program, together with amendments thereto, and AQHA's decisions regarding the program's implementation. By filing this enrollment form, I agree to abide by and be bound by the rules and regulations set forth in the current AQHA Official Handbook, or as it may later be amended, and further agree that AQHA's Executive Committee shall be the final arbitrator of all matters pertaining to the Racing Challenge. In consideration of being allowed to participate in the Racing Challenge, I assume all risks pertaining to such participation, agreeing to release, discharge, and indemnify AQHA, its officers, employees and representatives from any and all liability from negligence, injury or otherwise, whenever or however arising, by virtue of my participation, including but not limited to all claims for personal injury or property damage sustained by me and/or my representatives and employees, including jockeys, from whose claims, I additionally agree to indemnify AQHA, its officers, employees and representatives. I acknowledge that this horse or horses will be racing under pari-mutuel authority separate from AQHA; that AQHA maintains no control in the implementation or running of this race; and has disclaimed duty or responsibility for the safety of participants.

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Bank of America
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◯ CHECK ◯ MONEY ORDER

IF PAYING BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING:

AMERICAN EXPRESS MASTERCARD VISA

CARD NUMBER

EXP. DATE (MMYY) DAYTIME PHONE

CARDHOLDER NAME

CARDHOLDER SIGNATURE BILLING ZIP CODE

DO NOT SEND CASH • U.S. FUNDS ONLY