Maiden Challenge Nomination / Sustaining 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
MAKE CHECKS PAYABLE TO BANK OF AMERICA RACING CHALLENGE

$200 NOMINATION FEE
$400 SUSTAINING FEE

$2500 Late Penalty Fee –
Due on the same date as the sustaining fee if you missed the nomination deadline.

$5,000 Time of Entry –
(Payment taken at track if the Nomination, Sustaining or Late payment was not received)

See current Bank of America Maiden Challenge race schedule for payment deadlines.• **NO GRACE PERIOD WILL BE ALLOWED.**
Always verify entry procedures with the host track. • Maiden Challenge race schedule is subject to change without advance notice

ENTER ONLY ONE RACE PER NOMINATION FORM

Maiden Challenge races are open only to Challenge-enrolled horses 3 years old and up that are maidens at the time of nomination deadline (either original or late nomination).

HORSE'S NAME

AQHA REGISTRATION NUMBER

Foal Year _____ Dam's Name _____

TRACK

- ◯ 01 WILL ROGERS DOWNS
- ◯ 02 SAM HOUSTON RACE PARK
- ◯ 05 SUN DOWNS
- ◯ 06 HIPODROMO
- ◯ 07 NORTH DAKOTA HORSE PARK
- ◯ 08 RUPERT DOWNS
- ◯ 09 EASTERN IDAHO FAIR
- ◯ 10 ROCKY MOUNTAIN TURF CLUB
- ◯ 11 SANDY DOWNS
- ◯ 12 HIALEAH PARK
- ◯ 13 FORT PIERRE
- ◯ 14 EVERGREEN PARK
- ◯ 15 GILLESPIE COUNTY
- ◯ 16 BROWN COUNTY FAIR
- ◯ 18 AJAX DOWNS
- ◯ 19 LAUREL BROWN
- ◯ 20 POCATELLO DOWNS
- ◯ 21 WYOMING DOWNS
- ◯ 22 STATE FAIR RACE MEET
- ◯ 23 JEROME COUNTY
- ◯ 24 RILLITO PARK

Owner and trainer must be an AQHA member in good standing to nominate a horse to any Regional Challenge, Bonus Challenge or Maiden Challenge race. If you are not a member, you may include your membership with this nomination to join now.

MAIDEN

Select Fee: ◯ **$200** ◯ **$400** ◯ **$2,500** Late

AQHA MEMBERSHIP (REQUIRED)

◯ **$45** (1 yr) ◯ **$105** (3 yrs) ◯ **$750** (Lifetime)

TOTAL $ _____

Owner _____ AQHA ID #

Owner's Street Address _____ City/State/Zip _____

Daytime Phone _____ Fax _____

Email Address _____

Trainer's Name (Required) _____ AQHA ID #

Trainer's Street Address _____ City/State/Zip _____

Trainer's Phone _____

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 programs's implementation.

_____
SIGNATURE

_____
DATE

◯ 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