

AQHRA Stakes Payment SlipNomination / Sustaining / Late Entry
(please circle one)

Stakes Race: _____ Province/State Foaled: _____ Year: _____

Payment Date: _____ Year: _____ Accredited AB Bred? _____ Sex: _____

Name of Horse: _____ AQHA Reg #: _____

Payment Amount: _____ Sire: _____

Track: _____ Dam: _____

Registered Owner/Lessee: _____ Trainer: _____

Address: _____ City: _____ Prov/State: _____

Postal Code: _____ Phone: _____ Fax: _____

N.B.:1) Stakes Payments cannot be accepted unless current membership is also paid.

2) It is only necessary to complete the entire slip when nominations are made. For subsequent payments only complete: Stakes Race, Payment Date, Horse's Name, Payment Amount and Owner/Lessee's Name

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