

**AQHRA Stakes Payment Slip**Nomination / Sustaining / Late Entry *(please circle one)*

Stakes Race: \_\_\_\_\_ Province/State Foaled: \_\_\_\_\_ Year: \_\_\_\_\_

Payment Date: \_\_\_\_\_ Year: \_\_\_\_\_ Accredited AB Bred: Yes  No  Sex: \_\_\_\_\_

Name of Horse: \_\_\_\_\_ AQHA Reg #: \_\_\_\_\_

Payment Amount: \_\_\_\_\_ Sire: \_\_\_\_\_

Track: \_\_\_\_\_ Dam: \_\_\_\_\_

**Registered Owner/Lessee:** \_\_\_\_\_ **Trainer:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov/State: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax or Email: \_\_\_\_\_

Note:1) Stakes Payments cannot be accepted unless current membership is paid and AB-Bred Accreditation completed if applicable.

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

OFFICE USE ONLY | Date Payment Received \_\_\_\_\_ Amount \$ \_\_\_\_\_ Method of Payment \_\_\_\_\_

**AQHRA Stakes Payment Slip**Nomination / Sustaining / Late Entry *(please circle one)*

Stakes Race: \_\_\_\_\_ Province/State Foaled: \_\_\_\_\_ Year: \_\_\_\_\_

Payment Date: \_\_\_\_\_ Year: \_\_\_\_\_ Accredited AB Bred: Yes  No  Sex: \_\_\_\_\_

Name of Horse: \_\_\_\_\_ AQHA Reg #: \_\_\_\_\_

Payment Amount: \_\_\_\_\_ Sire: \_\_\_\_\_

Track: \_\_\_\_\_ Dam: \_\_\_\_\_

**Registered Owner/Lessee:** \_\_\_\_\_ **Trainer:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov/State: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax or Email: \_\_\_\_\_

Note:1) Stakes Payments cannot be accepted unless current membership is paid and AB-Bred Accreditation completed if applicable.

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

OFFICE USE ONLY | Date Payment Received \_\_\_\_\_ Amount \$ \_\_\_\_\_ Method of Payment \_\_\_\_\_

**AQHRA Stakes Payment Slip**Nomination / Sustaining / Late Entry *(please circle one)*

Stakes Race: \_\_\_\_\_ Province/State Foaled: \_\_\_\_\_ Year: \_\_\_\_\_

Payment Date: \_\_\_\_\_ Year: \_\_\_\_\_ Accredited AB Bred: Yes  No  Sex: \_\_\_\_\_

Name of Horse: \_\_\_\_\_ AQHA Reg #: \_\_\_\_\_

Payment Amount: \_\_\_\_\_ Sire: \_\_\_\_\_

Track: \_\_\_\_\_ Dam: \_\_\_\_\_

**Registered Owner/Lessee:** \_\_\_\_\_ **Trainer:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov/State: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax or Email: \_\_\_\_\_

Note:1) Stakes Payments cannot be accepted unless current membership is paid and AB-Bred Accreditation completed if applicable.

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

OFFICE USE ONLY | Date Payment Received \_\_\_\_\_ Amount \$ \_\_\_\_\_ Method of Payment \_\_\_\_\_