



Regional Race 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

\$400 NOMINATION FEE
\$800 SUSTAINING FEE

\$2,500 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 Challenge race schedule for payment deadlines. **NO GRACE PERIOD WILL BE ALLOWED.** Always verify entry procedures with the host track. Regional race schedule is subject to change without advance notice.

ENTER ONLY ONE RACE PER NOMINATION FORM

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HORSE'S NAME

AQHA REGISTRATION NUMBER

Foal Year _____ Dam's Name _____

TRACK

RACE

- 04 ALBUQUERQUE
- 03 RETAMA PARK
- F21, F25 CANTERBURY PARK
- 04 RUIDOSO DOWNS
- 05 EMERALD DOWNS
- 07 SAM HOUSTON
- 09 EVERGREEN PARK
- 04 SANDY DOWNS
- 10 HIPODROMO
- 05 SUN DOWNS
- 03 LONE STAR PARK
- 08 TURF PARADISE
- 01 LOS ALAMITOS
- 01 WILL ROGERS DOWNS
- 02 PRAIRIE MEADOWS

- Bank of America** **1 BANK OF AMERICA CHAMPIONSHIP CHALLENGE**
3-year-olds and up; 440 yards
- Adequan** **2 ADEQUAN DERBY CHALLENGE**
3-year-olds; 400 yards
- JOHN DEERE** **4 JOHN DEERE JUVENILE CHALLENGE**
2-year-olds; 350 yards
- 5 DISTAFF CHALLENGE**
Fillies/Mares 3-year-olds and up; 400 yards
- 6 DISTANCE CHALLENGE**
3-year-olds and up; 870 yards

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

CHAMPIONSHIP • DERBY • JUVENILE • DISTAFF • DISTANCE

AQHA MEMBERSHIP (REQUIRED)

Select Fee: \$400 \$800 \$2,500

\$55 (1 yr) \$140 (3 yrs) \$1,250 (Lifetime)

TOTAL \$ _____

Owner _____

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AQHA ID #

Owner's Street Address _____

City/State/Zip _____

Daytime Phone _____

Fax _____

Email Address _____

Trainer's Name (Required) _____

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AQHA ID #

Trainer's Street Address _____

City/State/Zip _____

Daytime 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

<input type="checkbox"/> CHECK	<input type="checkbox"/> MONEY ORDER	IF PAYING BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING:																				
AMERICAN EXPRESS <input type="checkbox"/>		MASTERCARD <input type="checkbox"/>	VISA <input type="checkbox"/>																			
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EXP. DATE (MMYY)		DAYTIME PHONE																				
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DO NOT SEND CASH • U.S. FUNDS ONLY