



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

- \$200 NOMINATION FEE
\$600 SUSTAINING FEE FOR CHAMPIONSHIP, DERBY, DISTAFF AND DISTANCE
\$100 NOMINATION FEE
\$400 SUSTAINING FEE FOR JUVENILE CHALLENGE

- \$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

HORSE'S NAME

AQHA REGISTRATION NUMBER

Foal Year _____ Dam's Name _____

TRACK

- 03,11 AJAX DOWNS
04 ALBUQUERQUE
08 ARAPAHOE PARK
22,99 CANTERBURY PARK
05 EMERALD DOWNS
09 EVERGREEN PARK
10 HIPODROMO
03 LONE STAR PARK
01 LOS ALAMITOS
04 POCATELLO DOWNS
02 PRAIRIE MEADOWS
06 REMINGTON PARK
03 RETAMA PARK
04 RUIDOSO DOWNS
07 SAM HOUSTON
04 SANDY DOWNS
05 SUN DOWNS
04 SUNLAND PARK
08 TURF PARADISE
01,06 WILL ROGERS DOWNS

RACE

- Bank of America 1 BANK OF AMERICA CHAMPIONSHIP CHALLENGE
Adequan 2 ADEQUAN DERBY CHALLENGE
JOHN DEERE 4 JOHN DEERE JUVENILE CHALLENGE
MERIAL 5 MERIAL DISTAFF CHALLENGE
6 DISTANCE CHALLENGE

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.

CHAMPIONSHIP • DERBY • DISTAFF • DISTANCE

JUVENILE

AQHA MEMBERSHIP (REQUIRED)

Select Fee: \$200 \$600 \$2,500 \$100 \$400 \$2,500 \$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 _____

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 _____

IF PAYING BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING:
CHECK MONEY ORDER
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