

2023 MMHBF NOMINATIONS



**Michigan Morgan
Horse Breeders'
Futurity**

www.MichiganMorganFuturity.com

Owner Name(s)*		
E-mail:		
Farm Name:	Phone:	
Address:		
City:	State:	Zip:

* As listed on registration papers

Postmark by AUGUST 1, 2023

Accepted with late fees after August 1

Mail this form with payment to:

Dianne Ervin, MMHBF Treasurer
3210 Red Fox Ln, Milford, MI 48381
Phone: 248-672-2789
Email: mmhbfNominations@aol.com

MEMBERSHIP DUES	Owners must be members of MMHBF to nominate horses. Only nominated horses are eligible to enter "Futurity" labeled classes at the MMHBF horse show. Please mark a membership category and include your dues on the right.	<input type="checkbox"/> \$30 - Individual Membership <input type="checkbox"/> \$40 - Family Membership <input type="checkbox"/> \$40 - Corporate/Partnership Membership	Dues

WEANLING NOMINATIONS

Name of Weanling's SIRE	Reg #	Sire	Dam	Fee (\$50 each)

Name of Weanling's DAM	Reg #	Sire	Dam	Fee (\$40 each)

Name of WEANLING	Date Foaled	Sex	Sire	Dam	Fee (\$40 each)

YEARLING NOMINATIONS

Name of Yearling	Reg #	Sex	Sire	Dam	Fee (\$40 each)

LATE FEES:

50% added after August 1, 2023 until August 15, 2023

100% added after August 15 until 1 hour before the session with the horse's Futurity class.

Page 1 Subtotal (Dues + Fees)	\$
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TWO YEAR OLD NOMINATIONS

Name of 2-Year-Old	Reg #	Sex	Sire	Dam	Fee (\$40 each)

THREE YEAR OLD NOMINATIONS

Name of 3-Year-Old	Reg #	Sex	Sire	Dam	Fee (\$40 each)

FOUR YEAR OLD NOMINATIONS

Name of 4-Year-Old	Reg #	Sex	Sire	Dam	Fee (\$40 each)

CLASS SPONSORSHIPS

Regular Class @ \$25: First choice class #	Second choice class #
Championship @ \$50: First choice class #	Second choice class #

Sponsorships	\$
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Subtotal from Page 1	\$
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GRAND TOTAL	\$
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Please make checks payable to **MMHBF**. There is a \$50 charge for returned checks.

To pay with a credit card, please complete below:

Type of Credit Card <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	Name on card (print) _____	Account # _____	Expiration Date _____
	Cardholder Signature _____	Billing ZIP Code _____	3-Digit Security Code _____
	Billing Address _____		