STANDARDBRED FOAL REGISTRATION FORM

NAME OF FOAL		_ GAIT: PACE() TROT()	
NAME OF SIRE:		FILLY()COLT()	
BIRTH YEAR OF FOAL:		NAME OF DAM:	
COLOR OF FOAL:		AGE OF DAM:	
LOCATION OF FOALING:		SIRE OF DAM:	
		COLOR OF DAM:	
WHERE BROODMA	RE IS DOMICILED:		
OWNED OF FOAL.			
CITY:	STATE:		ZIP:
PHONE:			
COPY OF THE LEAS	SE, WHICH MUST INCLU	JDE A STA	MENT TO THAT EFFECT AND A FEMENT THAT THE LESSEE IS OMPANY THIS APPLICATION.
A COPY OF THE US	TA REGISTRATION PAF	PERS <u>MUST</u>	ACCOMPANY APPLICATION.
SIGNATURE:		Production:	
DATE:	V V V V V V V V V V V V V V V V V V V		
PLEASE MAIL THIS	FORM AND COPY OF R	EGISTRAT	TION PAPERS TO:
THE VIRGINIA HAR P.O. BOX 356	RNESS HORSE ASSOCIAT	TION (VHH	(A)
PROVIDENCE FOR			
	068 FAX: (804) 966-5949		wy yhbo not

Revised 2/2012