



**IOWA GOLD STAR STALLION FUTURITY PROGRAM  
MARE NOMINATION FOR OPEN DIVISION**



I nominate the following mare(s) to foal in **2019** at the fee of \$100 for each nomination. **(Please print or type clearly)**

<b>NAME OF MARE</b>	<b>Embryo #</b>	<b>Reg #</b>	<b>Select one Purebred or Half-Arabian</b>		<b>IN FOAL TO STALLION</b>
1. _____			<input type="checkbox"/>	<input type="checkbox"/>	_____
2. _____			<input type="checkbox"/>	<input type="checkbox"/>	_____
3. _____			<input type="checkbox"/>	<input type="checkbox"/>	_____
4. _____			<input type="checkbox"/>	<input type="checkbox"/>	_____
5. _____			<input type="checkbox"/>	<input type="checkbox"/>	_____
6. _____			<input type="checkbox"/>	<input type="checkbox"/>	_____
7. _____			<input type="checkbox"/>	<input type="checkbox"/>	_____
8. _____			<input type="checkbox"/>	<input type="checkbox"/>	_____
9. _____			<input type="checkbox"/>	<input type="checkbox"/>	_____
10. _____			<input type="checkbox"/>	<input type="checkbox"/>	_____

(Use additional paper if necessary)

Total nomination fees: \_\_\_\_\_ @ \$100 each \_\_\_\_\_

Make check payable to **Iowa Gold Star Futurity** and mail to **Earleen Walter**  
**1110 Belle Mar Dr ~ West Des Moines, IA 50266**  
**Email: Earleen.Walter@gmail.com ~ Phone (515) 223-9573**

**By signing this form I acknowledge that I have read the Iowa Gold Star Stallion Futurity program rules and regulations, understand them, and agree to be bound by them.**

Signature \_\_\_\_\_

Name of Mare Owner \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Email: \_\_\_\_\_ Phone : Area code included \_\_\_\_\_

**NOMINATIONS MUST BE POSTMARKED BY DECEMBER 31, 2018**

VISA / MC / AX / Dis \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVC Code \_\_\_\_\_

Printed Name on Card \_\_\_\_\_

CC Signature \_\_\_\_\_

CC Billing Zip Code \_\_\_\_\_