



# MFTHBA Medal Program Enrollment Form

## HORSE INFORMATION

Horse: \_\_\_\_\_ Reg. Number: \_\_\_\_\_  
Horse: \_\_\_\_\_ Reg. Number: \_\_\_\_\_  
Horse: \_\_\_\_\_ Reg. Number: \_\_\_\_\_  
Horse: \_\_\_\_\_ Reg. Number: \_\_\_\_\_

## OWNER INFORMATION

Owner of Horse: \_\_\_\_\_ Member Number: \_\_\_\_\_  
Owner's Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Country: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

*Note: Owner of horse must match the "owner of record" information in the MFTHBA database*

## PAYMENT INFORMATION

### Lifetime Nomination Fee: \$50

**NOTE:** Horses may be enrolled at the time of initial registration (if 18 months or under) for \$15. This form is not required to nominate a horse under that situation

I understand and agree to the rules of the MFTHBA Medal program as defined on the MFTHBA website.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Total Nomination Fees : \$ \_\_\_\_\_

### Method of Payment

Check or Money Order Enclosed  MasterCard  VISA  American Express  Discover

Card No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV#: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please return with payment to:**

**MFTHBA, PO Box 1027, Ava, Missouri 65608 FAX: (417) 683-2468 Email: foxtrot@mfthba.com**