Southwest Washington Futurity/Maturity **Nomination Form**

Name of horse			Owner Name	Rider Name	
Sire			Address	Address	
Dam	я		City,State,Zip	City,State,Zip	
Breed	Reg #		Phone	Phone	
Age	Sex	Color	Social Security Number	Social Security Number	
Washingt agree to t	on Futurit he provisi ocky Top	y/Maturity ions contai	n to enter the above named h subject to the rules, all of whi ined therein as a part of this o m any claim or Loss to myself	ch I (We) have read and contract. I (We) herby	
Signed:				Date:	
Attach a p veterinari	photocopy an's affida	of both from	ont and back of the hoses reg and mail with appropriate fee	stration papers or s to:	
Mail Entries to:				Makes Checks payable to	
Mail Entr Nancy Ba	ies to:		Makes Check	ks payable to	

Questions please contact Viki Friedrich at 360-520-0004

Oregon City, OR 97045