



Stallion Enrollment

Registered Name: _____ copy of papers required

Registration Number: _____ Foaling Date: _____

Standing at

Farm Name: _____

Address: _____ City _____ Zip _____

Phone: _____ Email: _____

Nominator Information

Owner Name: _____

Address: _____ City _____ Zip _____

Phone: _____ Email: _____

I have read and understand the terms and conditions of the Legends of the South Stallion Incentive Program, by signing I assume responsibility of enrolled stallion.

Signature: _____ Printed Name: _____ Date: _____

Payment Method Check Visa Mastercard 4% Fee with be charged for Credit Card Transactions

Card Number: _____ Exp: _____ CVC Code: _____ Zip: _____

Name on Card: _____ Signature: _____ Date: _____