

# AGED IOWA NOMINATION FORM

Due April 15, 2018



HORSE NAME	IA REG #	SEX	AGE	GAIT	SIRE	DAM	OWNER(s) All owners must be IaHHA members	Owner(s) Social Security Number

**\*\*\*We need your Iowa-Registered # NOT your horse's USTA #. If you do not have the number, call the Iowa Dept of Ag - Horse & Dog Dept at 515-281-4103. If your horse does not have an Iowa-Registered # your horse will not be eligible to race and your nomination payments will not be refunded\*\*\***

This nomination is made with the understanding and agreement that participation in the races of the Iowa Harness Horseman Association is subject to all rules, conditions, and decisions of the Iowa Harness Horseman Association and the United States Trotting Association (including but not limited to drug testing). I hereby state that if I am not an owner of the above described horse(s), I HAVE FULL AND COMPLETE AUTHORITY AS THE OWNER(S)'S AGENT TO OBLIGATE THE OWNER(S) OF THE HORSE(S) TO THE TERMS OF THIS NOMINATION DOCUMENT.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

NOMINATOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

**Due April 15, 2018**

Nomination Fee \$100

Number of horses \_\_\_\_\_ x \$100 = \_\_\_\_\_

Penalty payments \_\_\_\_\_ x \$100 = \_\_\_\_\_

*(penalty applies if paid after April 15)*

**Nomination & Penalty Total** \_\_\_\_\_