

# AWWA INCENTIVE FUND NOMINATION FORM

Please read these instruction carefully



This form is to nominate any Arabian or HA/AA horse to the AWWA Incentive Fund. The following terms & conditions apply:

- Only horses that possess an AWWA Incentive Fund certificate are eligible to compete in designated classes, events, or programs for funds and/or prizes set aside specifically for the AWWA Incentive Fund.
- To obtain an Incentive Fund certificate a horse must have been nominated in-utero prior to December 31<sup>st</sup> of their breeding year or pay the Late Fee Penalty of \$500.
- 100% of Mare Nominations and Stallion Enrollments are used as prize money for resulting Incentive Fund foals. Additional funds from sponsorships vary from year to year.
- Horses sired by an AWWA Enrolled Stallion DO NOT pay the Stallion Enrollment Fee.
- All nomination and enrollment fees are non-refundable.
- Nomination and enrollment fees are not transferrable to another horse.

## DEADLINE FOR SUBMISSION OF 2025 In-utero foal nomination: DECEMBER 31, 2024

Must be postmarked or email stamped by 5:00pm 12/31/24. Payment must be included.

When foal is registered with AHA or CAHR, an AWWA Incentive Fund Certificate will be sent to the email you provided below.

Dam of In-utero Foal: \_\_\_\_\_

Breed of Dam: \_\_\_\_\_ Registration #: \_\_\_\_\_

Sire of In-utero Foal: \_\_\_\_\_

Breed of Sire: \_\_\_\_\_ Registration #: \_\_\_\_\_

- In-utero Foal Nomination.....\$175
- Is the Sire a 2024 AWWA Enrolled Stallion? \_\_\_\_ Yes \_\_\_\_ No (If no, pay additional \$150)
- Was the breeding purchased through the AWWA Stallion Auction? \_\_\_\_ Yes \_\_\_\_ No

## EXISTING FOALS MUST ALSO COMPLETE THE INFORMATION BELOW:

Name of Horse: \_\_\_\_\_

Registration to AHA or CAHR must be completed before AWWA Incentive Fund Certificate will be issued to Recorded Owner

Registration #: \_\_\_\_\_

\_\_\_\_\_ LATE FEE \$500

## PLEASE PROVIDE THE CONTACT INFORMATION FOR RECORDED OWNER OF NOMINATED HORSE/IN-UTERO FOAL

Name of Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone with Area Code: \_\_\_\_\_ E:mail: \_\_\_\_\_

TOTAL AMOUNT DUE \$ \_\_\_\_\_

Payment by Venmo, Zelle, or mail check to:

I agree to the terms and conditions of the AWWA Incentive Fund by my signature below. Type your name as your signature.

**AWWA  
P.O. Box 42  
Raymore, MO 64083**

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