

RMQHA

ROCKY MOUNTAIN QUARTER HORSE ASSOCIATION COLORADO BRED MARE REGISTRY ENROLLMENT FORM

A copy of registration papers must accompany the application

Name of mare: _____

AQHA # _____ DOB _____ Color _____

Sire AQHA# Dam AQHA#

**Was this mare previously enrolled as a Colorado Bred race horse? Yes _____ No _____

Location where mare or recipient mare(s) will be domiciled _____

Mare in foal to (list all sires) _____

Complete only one of the following

<u>Individual Owner /Lessee of Mare</u> (one person) RMQHA # _____
Name _____
Address _____
City, State, Zip _____ Email _____
Phone # _____ Social Security # _____

<u>Partnership Owner /Lessee of Mare</u> (two or more persons) RMQHA # _____
Partnership Name _____
Representative name _____
Address _____
City, State, Zip _____ Email _____
Phone # _____ Social Security or Tax ID # _____

Must complete and sign on reverse side

