

Use this form ONLY for existing foals born 2019 to 2022. Please read carefully in order to nominate your horse to compete in the Ranch Horse Challenge Futurity. There are several ways to make your horse eligible to compete, but you need to fulfill only ONE option. The AWWA Ranch Horse Challenge Futurity is open to eligible 4 year-olds in either the Arabian or Half-Arabian/Anglo-Arabian class.



## AWWA Ranch Horse Challenge Futurity Eligibility Form

(Please print clearly & use full registered name)

Please indicate the method by which your horse is eligible to compete in the AWWA Ranch Horse Challenge Futurity. You only need to check ONE box.

- My horse was sired by an AWWA Lifetime Stallion prior to January 1, 2023.  
If you selected this option, simply complete this form & return it to AWWA Treasurer with no additional payment.
- My horse was born in 2019 **and** is sired by a 2023 AWWA Enrolled Stallion.  
If you selected this option, simply complete this form & return it to AWWA Treasurer with no additional payment.
- My horse was born between 2019 and 2022 and I want to nominate them now.  
If you selected this option, please complete this form and mail to AWWA Treasurer along with nomination payment.

**After the AWWA receives this completed form, a Certificate of Eligibility will be issued to you for the horse named below. The Certificate of Eligibility allows the named horse to compete as a four-year-old in the AWWA Ranch Horse Challenge Futurity Cup at U.S. Nationals.**

- My horse will be born in 2023.  
If you selected this option, this form is not correct. All foals born in 2023 must have a 2022 Mare Nomination Form on file prior to March 15, 2023. Request a form from [ranchhorsechallenge@gmail.com](mailto:ranchhorsechallenge@gmail.com) or visit the website.

Name of Horse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Check one: Arabian \_\_\_\_ or HA/AA \_\_\_\_ Registration #: \_\_\_\_\_

Sire: \_\_\_\_\_ Reg. # \_\_\_\_\_

Dam: \_\_\_\_\_ Reg. # \_\_\_\_\_

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

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

City: \_\_\_\_\_

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

Return this form to:

AWWA Treasurer  
3909 13<sup>th</sup> Avenue S.  
Minneapolis, MN 55407  
[jbadtke@gmail.com](mailto:jbadtke@gmail.com)  
(612) 695-3770

### Total Amount Due: \$175

*It is advised that you not send credit card # via email. When emailing form to [jbadtke@gmail.com](mailto:jbadtke@gmail.com) please provide a telephone number. We will contact you for credit card information after form has been received. Be sure to provide your telephone number and email address on this form.*

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Address associated with card: \_\_\_\_\_

Be sure to provide zip code

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

I agree to the above rules and conditions with the following signature.

\_\_\_\_\_ Date: \_\_\_\_\_

**Please provide an email address so we can send you a confirmation receipt:**

\_\_\_\_\_