

North American Nomination

Date Received

## NRHA NORTH AMERICAN & EUROPEAN 2025 NOMINATION/COMPETITION LICENSE FORM

European Nomination

## NOMINATION FEES 2025 & OLDER FOALS

The Nomination fee is a one-time payment and must be received in the office by January 10. Nominations received between January 11–31 will be charged a late fee. Nomination fees make the horse eligible to enter the respective NRHA Futurity, Derby, and 4-Year-Old Derby. Other fees apply to enter the NRHA Futurity and Derby. The option must be paid to be eligible in North America and Europe. Payment of Nomination fees are not refundable.

						11-31 (LATE)	License	Fee			
Yearlings	\$2,250	\$500		\$2,000	\$750	\$2,250	<b>\$70</b> (if				
2-Year-Olds	\$5,250	\$2,000		\$5,000	\$2,250	N/A	horse is not licensed)				
3-Year-Olds	\$7,750	\$3,000		\$6,500	\$4,250	N/A	licensea)	\$10	\$50		
4-Year-Olds	\$7,750	\$4,000	-OR-	\$7,500	\$2,250	N/A			(If applicable)		
5-Year-Olds	\$5,000	\$1,000		\$5,000	\$1,000	N/A					
6-Year-Olds	\$1,000	\$750		\$2,000	\$500	N/A					
7-Year-Olds	\$750	\$500		\$1,000	\$250	N/A					
8-Year-Olds	(Euro Only)	\$250		\$750	(Euro Only)	N/A					
	\$	+\$		+\$	+\$	+\$	+\$	+\$	+\$	=\$	
ALL FIELDS ARE	ALL FIELDS ARE REQUIRED ————————————————————————————————————										
Foal NameFoal Date											
SexCountry Foaled											
	SireDam										
	oreedOwnerNRHA ID#										
Nominator NRHA ID# Address Change											
Mailing Address City											
State/Province Zip/Postal Code							•			_	
Phone Email											
You must be a current NRHA member to nominate. If you are not, please select an option below.											
	□ Yes □	No P	lease com	nlete a Gener	al Membership (	\$145) in my nam	ne if my memb	ership is not o	current		
<u>'</u>				•			-	0.0p .0o.			
(A General Membership is a non-competing membership)											
RESPONSIBLE PARTY (Signature Required)  I have read and understand the terms and conditions of the NRHA Nomination program and agree to abide by those terms and conditions as well as the NRHA Rules and Regulations.											
I have the authority and hereby do, by making this nomination, assume responsibility for and bind owner, nominator, and/or agent to the terms and conditions of this Release and											
Waiver of Liability. I warrant that I am of legal age and that I have read and understand the foregoing terms and conditions.											
Signature				Printed Nar	ne		Date	9			
PAYMENT	METHOD										
Make checks	or money orders	payable to: NR	HA. Wire tr	ansfers must be	e received by NRI	HA no later than Ja	anuary 10 and a	receipt must ac	company nominati	on	
forms. Decline	ed and invalid c	redit cardholder	s, or those	submitting inco	omplete payment	, will be notified vi	ia email or by ph	none. These pa	rties will have thre	е	
weeks from th	ne date of the no	otification to res	ubmit pay	ment in full or	he nomination fe	ee will increase to t	the current age p	rice.			
CIRCLE ONE	E: CHECK M	IONEY ORDER	VISA	M/C AMEX	DISCOVER W	/IRE TRANSFER					
										_	
Card #						INTERNATIO	NAL BANK WII	RE INFORMA	ATION:		
						(EUROPEAN ME	MBERS ONLY)				
Exp. Date_				CSV Code		Amount:	Date	:			
						BANK INFORI	MATION:				
Cardholder Name						Chase Bank					
Cardholde	r Signature_					270 Park Ave, New York, NY 10017					
						Account Name		J	sociation		
Phone						Account Number: 6 2 1 0 1 1 5 1 9					
SEND NOMINATIONS TO:						Routing Number: 0 2 1 0 0 0 0 2 1					
NRHA, Att	n: Nomination	ons				BIC or SWIFT	Code: CHASI	JS33			
3021 Wes	t Reno Aven	ue, Oklahon	na City,	OK 73107							

Check #

Rev 2/25