



Michigan Department of Agriculture & Rural Development
Michigan-bred Horse Programs
P.O. Box 30017, Lansing, Michigan 48909-0017
Fax: (517) 241-4217



THOROUGHBRED SIRE STAKES FOAL NOMINATION(S)

FOAL(S) OF _____

This Registration must be **received** by the Michigan Department of Agriculture & Rural Development **prior** to **December 31st** of the foaling year. You must use a separate form for each specific owner/business entity. A copy of the processed nomination form will be returned to you.

In accordance with Act 279, the Horse Racing Law of 1995, as amended, and Regulation No. 821, the Michigan Department of Agriculture and Rural Development shall accept the year of foaling nominations for a thoroughbred foal sired by a registered stallion for this specific foal year, which was leased or owned exclusively by a resident of Michigan during the calendar year in which the service occurred, and which did not serve any mares outside of this state during said calendar year.

Foal Name (If not named, check "un-named" & sex) (If named, list name & JC Certificate No)	Jockey Club Certificate No.	Foaling Date	Dam	Sire
_____ <input type="checkbox"/> Un-named? <input type="checkbox"/> Colt? <input type="checkbox"/> Filly?				
_____ <input type="checkbox"/> Un-named? <input type="checkbox"/> Colt? <input type="checkbox"/> Filly?				
_____ <input type="checkbox"/> Un-named? <input type="checkbox"/> Colt? <input type="checkbox"/> Filly?				
_____ <input type="checkbox"/> Un-named? <input type="checkbox"/> Colt? <input type="checkbox"/> Filly?				
_____ <input type="checkbox"/> Un-named? <input type="checkbox"/> Colt? <input type="checkbox"/> Filly?				
_____ <input type="checkbox"/> Un-named? <input type="checkbox"/> Colt? <input type="checkbox"/> Filly?				
_____ <input type="checkbox"/> Un-named? <input type="checkbox"/> Colt? <input type="checkbox"/> Filly?				
_____ <input type="checkbox"/> Un-named? <input type="checkbox"/> Colt? <input type="checkbox"/> Filly?				

Signature(s) and Statements

By signing and submitting this yearling foal nomination, I agree to abide by the conditions and rules governing the Thoroughbred Sire Stakes Races and Stallion requirements as set forth by Act 279, the Horse Racing Law of 1995, as amended and all the regulations promulgated thereunder. I further certify that the foregoing information is true and accurate to the best of my knowledge and belief. I hereby acknowledge that failure to provide complete and accurate information, the submission of false information, or any violation of Michigan's horse registration and nomination requirements may result in my disqualification from participating in Michigan's horse programs, the disqualification of horses, and may subject me to enforcement action or other penalties as allowed by Act 279, the Horse Racing Law of 1995, as amended, and all the regulations promulgated thereunder.

[Printed Name(s)]	(Title: Owner, Breeder, Authorized Agent)	
(Signature)	Date	Phone Number
Address (Street, City, State, Zip Code)	Email	Fax Number