



# Standardbred Breeders and Owners Association of New Jersey Nomination Form

## FOALS OF 2016 ONLY – DUE DATE: May 15 2017

### TROTTERS

Circle one  
COLT FILLY  
\$25 \$25  
0 0

\_\_\_\_\_ **2018-2019 NEW JERSEY GARDEN STATE TROT**  
**Foals of:** Calchips Brute, Father Patrick and Trixton. The SBOANJ will make nomination payments for all yearlings eligible to this event. Please send in nomination form. No payment necessary.

\_\_\_\_\_ **2018-2019 NEW JERSEY FUTURITY TROT #53**  
**Foals of:** Calchips Brute, Father Patrick and Trixton \$25 \$25

### PACERS

\_\_\_\_\_ **2018-2019 NEW JERSEY HOME GROWN PACE #1**  
**Foals of:** Great Vintage, Hurrikane Kingcole, If I Can Dream and Lis Mara. \$25 \$25  
**OR:** New Jersey Sire Stakes Standardbred Development Fund Eligible. \$25 \$25  
**OR:** Horses who have foaled in New Jersey who are not eligible to the SDF program. \$150 \$150

Each owner of the horse entered to race must be current members of the SBOANJ.  
 All foals must also be nominated to the New Jersey Sire Stakes Program.

ALL YEARLINGS MUST BE REGISTERED WITH THE USTA OR SC. (STANDARD BRED CANADA) WITH CERTIFICATE DATED ON OR BEFORE NOMINATION DATE TO BE ELIGIBLE FOR ALL SBOANJ SPONSORED RACES.

If nominating multiple horses, please attach list.

A copy of foal registration required with nomination

NAME OF NOMINATED HORSE: \_\_\_\_\_ FOALING LOCATION: \_\_\_\_\_

SIRE: \_\_\_\_\_ DAM: \_\_\_\_\_ TATOO #: \_\_\_\_\_

SEX (Circle One): *COLT* *FILLY* GAIT (Circle One): *TROTTER* *PACER*

NAME OF OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Number & Street City State Zip Code

CHECK #: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_ E-MAIL: \_\_\_\_\_

By nominating \_\_\_\_\_ to the SBOANJ sponsored race(s), I certify that said yearling was not conceived by semen which had been frozen. I certify under penalty of law that the information provided in this document is true, accurate and complete.

Owner/Agent Signature (Required) \_\_\_\_\_

Agent Address (if different than owner): \_\_\_\_\_

Payments in U.S. Funds Only  
 Make Check or Money Order Payable to:  
**SBOANJ**  
 (Please *do not* mail cash.)

Mail to: SBOANJ  
 64 Business Route 33  
 Manalapan, NJ 07726  
 For questions call: 732 462-2357