

7

2 YEAR OLDS
VIRGINIA BREEDERS FUND
VIRGINIA-BRED STANDARDBRED REGISTRATION FORM

NAME OF HORSE _____ GAIT: PACE TROT
NAME OF SIRE: _____ SEX OF HORSE: H G M
BIRTH YEAR OF HORSE: _____ NAME OF DAM: _____
COLOR OF HORSE: _____ AGE OF DAM: _____
LOCATION OF FOALING: _____ SIRE OF DAM: _____
_____ COLOR OF DAM: _____

OWNER OF HORSE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

HORSES MUST BE REGISTERED WITH THE VHHA PRIOR TO BEING IN VIRGINIA-BRED RACES

A COPY OF THE USTA REGISTRATION PAPERS MUST ACCOMPANY APPLICATION.

SIGNATURE: _____

DATE: _____

PLEASE MAIL THIS FORM AND COPY OF REGISTRATION PAPERS TO:

**THE VIRGINIA HARNESS HORSE ASSOCIATION (VHHA)
P.O. BOX 356
PROVIDENCE FORGE, VA 23140**

(804) 966-7223 EXT. 1068 FAX: (804) 966-5949
E-MAIL: vhha@earthlink.net WEB ADDRESS: www.vhha.net