



(CHECK ONE BOX ONLY)

INITIAL APPLICATION FOR REGISTRATION AS COLORADO-BRED FOAL/RUNNER
(INITIAL APPLICATION MUST BE COMPLETED IN FULL)

TRANSFER OF REGISTRATION OR TRANSFER OF BENEFITS **{*** ITEMS ONLY}**
(NEW OWNER) (LESSEE)

CABA OFFICE USE ONLY	
REG. YR. _____	
DAM REGISTERED?	Y N
SIRE REGISTERED?	Y N
FEE PD \$ _____	
OWNER _____	
LESSEE _____	
LEASE AGREEMENT:	Y N
BREED REGISTRAR ACCEPTANCE _____	
DATE: _____ / _____ / _____ (MM/DD/YYYY)	
(J C GROMELSKI)	

*** Foal/Runner's Name:	*** AHA Reg. #
*** Foal/Runner's Date of Birth: (mm/dd/yyyy) _____ / _____ / _____	*** Sex (check one box) FILLY <input type="checkbox"/> COLT <input type="checkbox"/> GELDING <input type="checkbox"/>
Location of Birth Complete Street Address (not a PO BOX):	
Location of Birth: City: _____ State: _____ Zip: _____	
Name of Sire:	AHA Reg. # (IF NOT AHA REGISTERED LIST STATE OF REGISTRY AND REGISTRATION #)
Sire Owner/Lessee (@ Conception)	
Name of Dam:	AHA Reg. # (IF NOT AHA REGISTERED LIST STATE OF REGISTRY AND REGISTRATION #)
Dam Owner/Lessee (@ Foaling)	
*** Foal/Runner <input type="checkbox"/> Owner (check one box) <input type="checkbox"/> Lessee (attach lease agreement)	*** Beginning date of ownership or lease: (mm/dd/yyyy) _____ / _____ / _____
*** Name	
*** Address	
*** City/State/Zip	
*** Phone:	*** Email:
*** Date (mm/dd/yyyy) _____ / _____ / _____	*** Signature X _____

******* I agree to abide by the Colorado-Bred Racing Arabian Program rules as provided on www.coloradoarabianbreeders.org.

All information on this form must be completed as indicated or this application will not be processed. AHA Registration must accompany this application.

Fees:	Return with check to:	CABA Treasurer/CO-BRA Registrar
Year of Birth [Weanling]	\$25.00 (Lifetime)	% Jim Gromelski
Yearlings	\$50.00 (Lifetime)	35251 County Road 17
Two & Three Year Olds	\$100.00 (Lifetime)	Elizabeth, CO 80107
Four Year Olds & Older	\$200.00 (Lifetime)	
Transfer of Registration	NO ADDITIONAL FEE	

2020-05-04_jcg

Please make checks payable to CABA (If paying with credit card go to page 2 of this form)

**CREDIT CARDS ACCEPTED (4% SURCHARGE): AMERICAN EXPRESS-DISCOVER-MASTERCARD-VISA
NAME AS IT APPEARS ON CARD**

C/C# _____ BILLING STREET# _____

EXP DATE ____/____/____ SECURITY CODE _____ BILLING ZIP _____

X _____ DATE: ____/____/____

(CARD HOLDER SIGNATURE)

IF USING C/C, you may mail to Registrar address (see above),

OR EMAIL THIS FORM TO: caba4info@gmail.com