



COLORADO ARABIAN BREEDERS ALLIANCE

(CHECK ONE BOX ONLY)

- INITIAL APPLICATION FOR REGISTRATION AS COLORADO-BRED BREEDING STOCK
 TRANSFER OF REGISTRATION OR TRANSFER OF BENEFITS
 (NEW OWNER) (LESSEE)
 (APPLICATION MUST BE COMPLETED IN FULL)

CABA OFFICE USE ONLY

REG. YR. _____

FEE PD \$ _____

OWNER. _____
 LESSEE _____

LEASE AGREEMENT: Y N

BREED REGISTRAR ACCEPTANCE _____

DATE: ____/____/____
 (MM/DD/YY)

(J C GROMELSKI)

Name of <input type="checkbox"/> Sire: (check one box) <input type="checkbox"/> Dam:	
Arabian Horse Association Registration Number: (IF NOT AHA REGISTERED, LIST STATE OF REGISTRY & REGISTRATION #)	
Address where Sire/Dam permanently stands: Farm Name	
Street	
City/State/Zip	
Location of Sire/Dam during this year if different from above: Farm Name	
Street	
City/State/Zip	
<input type="checkbox"/> Owner:	Beginning date of ownership or lease:
<input type="checkbox"/> Lessee (attach lease agreement): (check one box)	(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 or this application will not be processed. AHA Registration must accompany this application.

Fees:	Return with check to:	CABA Treasurer/CO-BRA Registrar
• Sire	\$100 (Lifetime)	% Jim Gromelski
• Dam	\$50 (Lifetime)	35251 County Rd 17
• Transfers	NO ADDITIONAL FEE	ELIZABETH, COLORADO 80107

2020-05-01_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