

Triple Crown 100
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P.O. Box 1762
Milledgeville, GA
31059 478.456.7285
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Stallion Enrollment Form

Stallion Registered Name _____ DOB _____

Registration # _____ Color _____ Stud Fee \$ _____

Owner _____ SS# (required for payout) _____

Phone _____ Address _____ City _____ State _____ Zip _____

Email _____ Website _____

Standing At _____ Contact Name _____

Phone _____ Address _____ City _____ State _____ Zip _____

Email _____ Website _____

Enrollment Fee \$ 1500

TC100 Auction? Yes _____ No _____

If you check No to Auction, please
include your Auction Buyout Fee
with Enrollment
Buyout Fee \$ _____

By signing this enrollment form, stallion owner agrees to abide by all rules of the Triple Crown 100 Program.

Owner Signature _____ Date _____

Paid: Check # _____ Credit Card _____ (There will be a 5% cc fee.)

Name on Card _____ # _____ Exp _____ Code _____

Billing Zip Code _____

Signature _____ Amount _____ + 5% _____ Total \$ _____

Mail to Triple Crown 100 – P.O. Box 1762, Milledgeville, GA 31059