



Triple Crown 100
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P.O. Box 1762
Milledgeville, GA 31059
478.456.7285
Fax 478.453.8448

Stallion Enrollment Form

Stallion Registered Name _____ Breed _____ Year _____

Registration # _____ Color _____ Height _____

Owner _____ SS# (required for payout) _____

Address _____ City _____ State _____ Zip _____

Standing At _____ Contact Name _____

Phone _____ Address _____ City _____ State _____ Zip _____

Email _____ Website _____

Stud Fee _____ Cooled Semen _____ Frozen _____ On Site AI _____ Live _____

Owners Signature _____ Date _____

New Enrollment _____ Fee \$1200 _____ Renewal _____ Fee _____

Copy of registration papers, certificate for donated breeding and payment must be recieved with application. By signing this enrollment form, stallion owner agrees to abide by all rules of the Triple Crown 100 Program.

Paid: Check# _____ CC _____

Visa _____ MC _____ Discover _____ AmEx _____ (There will be a 5% credit card fee.)

Name On Card _____ Card # _____ Exp _____ Code _____

Billing Address _____ City _____ State _____ Zip _____

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

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