MAHB Registration Application

Return to:

MAHB, Inc. - 18080 County Road 2 Chatfield, MN 55923

Instructions:

To request the registration of a horse to the MAHB, Inc. please fill out this application and return to the above address with a registration fee of \$20.00 and a copy of both sides of the horse's AHR Certificate of Registration. The replacement fee is \$50.00.

Registration is open to all horses whose dams were nominated to the MAHB, Inc. in the year they were bred beginning in 1983, and whose nomination was accepted at that time.

Beginning in 1991, it is mandatory to have a MAHB, Inc. Certificate of Registration to exhibit a horse in any MAHB, Inc. sanctioned class. 1. Year of nomination: 20_____ (the year the dam was bred) 2. Sire's Name: AHR # 3. Dam's Name: ______ AHR # _____ 4. Horse's Name: _____ AHR # _____ 5. Date Foaled: _____/ ____ Sex: _____ Color: ____ 6. Owner's Name: 7. Telephone: (_____) _____ In consideration of the MINNESOTA ARABIAN HORSE BREEDERS, INC. (MAHB) processing this form and issuing any documents based thereon, all person(s) signing below agree to be bound and to abide by the Rules and Regulations of the MAHB, as from time to time amended. Responsibility for correctness of information submitted therein rests entirely with the applicant for registration. MAHB is not responsible for any erroneous statements made upon the application blank. Should any animal be registered or transferred through error, misrepresentation or fraud, the entry of transfers thereof shall be void, together with any entries that may have been made of progeny of such animals. Neither the MAHB or its officers, Directors or Governing Members shall be liable for any damages sustained by the applicant for registration or any other person or party as a result of the issuance, transfer or cancellation of registration certificates based upon statements made or information supplied by the applicant for registry or any other person or party. The MAHB will refuse to register any animal if such registration is deemed detrimental to the object of the MAHB as stated in its By-Laws. ._____. I hereby attest that all information supplied on this form is true to the best of my (our) knowledge. Signature of recorded owner(s) or Agent Date DO NOT WRITE BELOW THIS LINE Date received:

Date issued: Registration # issued:

Issued by: _____ Fee paid: ____