CHALLENGE
BANK OF AMERICA RACING CHALLENGE

Regional Race Nomination / Sustaining Form

FOR OVERNIGHT DELIVERY TO AQHA: 1600 QUARTER HORSE DR, AMARILLO, TX 79104 • MAILING ADDRESS: P.O. BOX 32892, AMARILLO, TX 79120
EMAIL TO: MREED@AQHA.ORG • 877-222-7223 • FAX: 806-349-6402
MAKE CHECKS PAYABLE TO BANK OF AMERICA RACING CHALLENGE

$400 NOMINATION FEE
$800 SUSTAINING FEE

$2,500 Late Penalty Fee – *Due on the same date as the sustaining fee if you missed the nomination deadline.*

$5,000 Time of Entry – *(Payment taken at track if the Nomination, Sustaining or Late payment was not received)*

See current Bank of America Challenge race schedule for payment deadlines. **NO GRACE PERIOD WILL BE ALLOWED.**
Always verify entry procedures with the host track. Regional race schedule is subject to change without advance notice.

ENTER ONLY ONE RACE PER NOMINATION FORM

HORSE'S NAME

AQHA REGISTRATION NUMBER

Foal Year _____ Dam's Name _____

TRACK

- ◯ 04 ALBUQUERQUE
- ◯ F21, F25, F26 CANTERBURY PARK
- ◯ 05 EMERALD DOWNS
- ◯ 09 EVERGREEN PARK
- ◯ 10 HIPODROMO
- ◯ 03 LONE STAR PARK
- ◯ 01 LOS ALAMITOS
- ◯ 04, 08, 12 POCATELLO
- ◯ 06 REMINGTON PARK
- ◯ 02 PRAIRIE MEADOWS
- ◯ 03 RETAMA PARK
- ◯ 04 RUIDOSO DOWNS
- ◯ 07 SAM HOUSTON
- ◯ 04 SANDY DOWNS
- ◯ 05 SUN DOWNS
- ◯ 08 TURF PARADISE
- ◯ 01, 06 WILL ROGERS DOWNS

RACE

- ☐ Bank of America — **1 BANK OF AMERICA CHAMPIONSHIP CHALLENGE** 3-year-olds and up; 440 yards
- ☐ Adequan — **2 ADEQUAN DERBY CHALLENGE** 3-year-olds; 400 yards
- ☐ John Deere — **4 JOHN DEERE JUVENILE CHALLENGE** 2-year-olds; 350 yards
- ☐ **5 DISTAFF CHALLENGE** Fillies/Mares 3-year-olds and up; 400 yards
- ☐ **6 DISTANCE CHALLENGE** 3-year-olds and up; 870 yards

Owner and trainer must be a current AQHA member in good standing to nominate a horse and run in any Regional Challenge race. If you are not a member, you may include your membership with this nomination to join now.

CHAMPIONSHIP • DERBY • JUVENILE • DISTAFF • DISTANCE

Select Fee: ◯ **$400** ◯ **$800** ◯ **$2,500**

AQHA MEMBERSHIP (REQUIRED)

◯ **$55** (1 yr) ◯ **$140** (3 yrs) ◯ **$1,250** (Lifetime)

TOTAL $ _____

Owner _____ AQHA ID #

Owner's Street Address _____ City/State/Zip _____

Daytime Phone _____ Fax _____

Email Address _____

Trainer's Name (Required) _____ AQHA ID #

Trainer's Street Address _____ City/State/Zip _____

Daytime Phone _____

I hereby request that the above described horse be accepted as eligible for participation in the American Quarter Horse Association's Racing Challenge, and agree to be bound by all rules and conditions of the program, together with amendments thereto, and AQHA's decisions regarding the programs's implementation.

_____
SIGNATURE

_____
DATE

☐ CHECK ☐ MONEY ORDER

IF PAYING BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING:

AMERICAN EXPRESS ☐ MASTERCARD ☐ VISA ☐

CARD NUMBER

EXP. DATE (MMYY) DAYTIME PHONE

CARDHOLDER NAME

CARDHOLDER SIGNATURE BILLING ZIP CODE

DO NOT SEND CASH • U.S. FUNDS ONLY