

Gypsy Horse Show Association (GHSA) Stallion Nomination Form & Agreement



Year of Nomination: 2025

Sponsored By: _____

Nominated Stallion Name: _____

Right Holder Sponsoring Stallion: _____

The Stallion named above is:

- Owned by Right Holder
- Being Sponsored by Right Holder
- Owned in Partnership
- Stallion Leased
- Stallion Purchased on Contract

Stallion Information:

- Registered Name: _____
- Registration #: _____
- Sire: _____
- Dam: _____
- Semen: Fresh Available Frozen Semen ONLY ICSI ONLY
- Breeding Issues (if any, e.g., SCIDS, CA, LFS): _____
- Stallion Nominated in Other Futurities/Breeding Programs: _____

***PLEASE INCLUDE A COPY OF THE STALLION'S REGISTRATION PAPERS
WITH THIS APPLICATION***

Owner & Contact Information

- Owner: _____
- Farm: _____
- Cell Phone: _____
- Other Phone: _____
- Address: _____
- City/State/Zip: _____
- Owner E-mail: _____
- Website: _____

Check this box to use this information in online/catalog advertising.

Standing Location

- Farm Where Stallion Stands: _____
- Agent/Contact: _____
- Agent Phone: _____
- Farm Address: _____
- City/State/Zip: _____
- Agent/Contact E-mail: _____
- Farm Website: _____

Nomination & Agreement

By submitting this form, I confirm that:

1. I have the consent to nominate this stallion to the GHSA Futurity Program and agree to abide by all its rules.
2. I understand that stallions must be nominated annually, and a nomination fee must be paid for eligibility.
3. I affirm that the information provided in this form is accurate. False information may result in GHSA disciplinary action.
4. I agree to honor all breeding obligations as part of this nomination.
5. If the stallion is relocated or sold, I will ensure all breeding terms remain unchanged as per this agreement.
6. If the stallion cannot fulfill this agreement due to injury or death, the breeding deposit may be refunded unless frozen semen is available.
7. I acknowledge that GHSA may modify futurity rules at any time.

Nomination Fees

- Stallion Nomination Fee: \$200 + \$30 Office Fee
- Payment Method: Check Enclosed
 Credit Card (4% convenience fee applies to CC payments)

Credit Card Information (if applicable):

- Credit Card Number: _____
- Expiration Date: _____ Security Code: _____
- Billing Zip Code: _____
- Name on Card: _____
- Authorized Signature: _____

Mail the completed form and payment to:

GHSA Futurity Program
P.O. Box 1347
Dennison, TX 7502
For any questions, contact GHSA infoghsa@myghsa.com

Signature

First Name

Last Name

Date