



RACKING HORSE BREEDERS' ASSOCIATION OF AMERICA

DUPLICATE CERTIFICATE APPLICATION

Please PRINT and complete ALL the information below so that the RHBAA may issue your certificate correctly.

HORSE NAME _____

REGISTRATION NUMBER _____ FOAL DATE _____

OWNER _____

STREET _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (_____) _____ WORK PHONE (_____) _____

CELL PHONE (_____) _____ EMAIL _____

Cost is \$35 for a Member, \$70 for a non-member

MAIL APPLICATION and FEE to: Racking Horse Breeders' Association
67 Horse Center Rd Suite B Decatur, AL 35603

SIGNATURE _____ DATE _____