

2025 STALLION REGISTER ADVERTISING CONTRACT

Prepay by October 1, 2024, and receive an early booking discount for all-color presentation



Complete all information (one contract per stallion and return to The Florida Horse at:

801 S.W. 60th Avenue, Ocala, FL 34474
Ph. (352) 732-8858 / Fax: (352) 629-3603
E-mail: info@ftboa.com

ENTRY DEADLINE OCT. 15, 2024

COLOR TWO PAGE FORMAT
with five-cross pedigree, half page color, inset photo (optional), write-up and additional statistical and ownership information.
◆ Prepayment Rate - **\$1,875** ◆ Regular Rate - **\$1,950**

COLOR SINGLE PAGE FORMAT
with five-cross pedigree, 2 3/4 x 3 3/4-inch color photo, complete statistical and ownership information.
◆ Prepayment Rate - **\$1,150** ◆ Regular Rate - **\$1,200**

STALLION _____

SIRE _____

DAM _____

BROODMARE SIRE _____

HEIGHT _____ YEAR OF BIRTH _____

PHOTOGRAPHS:

- Reuse photo from 2024 Stallion Register
- New photos will be supplied
 - ◆ \$50.00 Production/photography charges may apply; photo(s) must be received by Oct. 31, 2024

2025 STUD FEE PRIVATE FEE \$ _____

Check Only One

- Live Foal
- Live Foal Due: _____ (Due date)
- Due When Foal Stand & Nurses
- No Guarantee
- Other

NO FOALS OF RACING AGE:

Check Only One

- 2025 is first Year at Stud
- First Foals arrive 2025
- First Foals are yearlings of 2025
- First Foals are 2 year-olds of 2025

NOMINATIONS AND ELIGIBILITIES:

Check All That Apply

- Florida Sire Stakes
- Breeders' Cup
- Other _____



OWNERSHIP

Complete the ownership information below as you want it to appear in the Stallion Register page

PROPERTY OF: _____ 28 characters max.

STANDING AT: _____
Name of Farm

Street Address or Box Number _____

City _____ State _____ Zip Code _____ Country (if outside U.S.) _____

Phone Number(s) (2 numbers max.) _____

Inquiries (28 characters max.) _____

Inquiries (28 characters max.) _____

Web Address _____

E-mail _____

Fax Number(s) (2 numbers max.) _____

PAYMENT

Amount _____ Check Number _____

Credit Card Account# _____ Exp. Date: _____ Discover, MC, Visa CVC# _____

Bill to: _____
Name _____ CHECK HERE IF AGENCY

Address _____

City _____ State _____ Zip Code _____ Country (if outside U.S.) _____

I, the undersigned, hereby authorize and accept full responsibility for payment of The Florida Horse Stallion Register page for the above named stallion. The information provided is correct to the best of my knowledge. I understand that this Stallion register page may be canceled provided The Florida Horse receives written notice from the undersigned prior to Oct. 31, 2024. In the event of cancellation, the cost of the Register page preparation will be \$300.

Signature _____ Date _____