

Triple Crown 100  
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P.O. Box 1762  
Milledgeville, GA  
31059 478.456.7285  
Fax 478.453.8448

## Progeny Enrollment Form

Foal Name \_\_\_\_\_ Color \_\_\_\_\_ Papers Pending \_\_\_\_\_  
Sire \_\_\_\_\_ Dam \_\_\_\_\_ Dams Sire \_\_\_\_\_  
Registration # \_\_\_\_\_ DOB \_\_\_\_\_ Stallion    Gelding    Mare  
Owner \_\_\_\_\_ SS# (required for payout) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_ er \$350  
Weanling    \$150 | Yearling    \$300 | 2 yr old    \$400 | 3 yr old    \$500 | 4/5 yr old    \$600 | 6yr & older    \$350

**Any foals by newly enrolled stallions can grandfather in the 1st year at a reduced rate:**

New Stallion Progeny Enrollment    \$200

**Progeny must be enrolled by December 31st. Copy of registration papers must be included.**

*By making a nomination to Triple Crown 100, LLC., Stallion Incentive Program, I hereby agree to abide by all rules, conditions and ALL changes deemed necessary by Triple Crown 100 LLC. All parties (owners & riders) involved in the Triple Crown 100 Stallion Incentive Program are responsible for the conditions and fully understand their content. Triple Crown 100 assumes no liability to those who have not read the conditions.*

Owners Signature \_\_\_\_\_ Date \_\_\_\_\_

Amount Enclosed \$ \_\_\_\_\_

Paid: Check# \_\_\_\_\_ Visa    MC    Discover    AmEx    (There will be a 5% credit card fee.)

Name On Card \_\_\_\_\_ Card # \_\_\_\_\_ Exp \_\_\_\_\_ Code \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Amount \$ \_\_\_\_\_ + 5% \_\_\_\_\_ Total \$ \_\_\_\_\_

Mail to: Triple Crown 100 - P.O. Box 1762, Milledgeville, GA 31059  
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