



NPBA TRIPLE CROWN POLE FUTURITY (NPBA TC)

FOAL NAME CHANGE FORM:

Previous Foal Name: _____

New Foal Name: _____ **Sex:** _____

Registration Number: _____ **Date of Birth:** _____

Sire: _____ **Dam:** _____

By making a nomination to the NPBA TC, I hereby agree to abide any and all rules and conditions set for this program, or changes there of, as deemed necessary by NPBA.

All parties involved (owners and riders) in the NPBA TC are responsible for the conditions and fully understanding their content. NPBA assumes no responsibility to those who have not read the conditions and having not read these conditions they are still held to their contents. Any questions concerning enrollment contact:

Jake Peoples at peoplestrophies@yahoo.com or 859-322-2311

Owner Name: _____

Owner Address: _____

City/State/Zip Code: _____

Phone Number: _____

Email: _____

Signature: _____ **Date:** _____

Amount Enclosed: _____ (\$20.00 FEE)

Make checks payable to: NPBA

Send completed form along with a copy of the horses's registration papers and payment to:

**NPBA-TCF
87 BOOMER LANE
BUTLER, KY 41006**