



**New Jersey Bred Nomination Form for 2025
GARDEN STATE PAINT HORSE CLUB**

NAME OF HORSE _____ REG # _____

SIRE _____ REG # _____

DAM _____ REG # _____

SEX _____ FOALED _____ COLOR/PATTERN _____

PLACE OR FARM WHERE FOAL WAS BORN _____

ADDRESS _____

(STREET) (CITY) (STATE) (ZIP)

PHONE # _____

BREEDER (Owner of DAM at the time of foaling) _____

ADDRESS _____

(STREET) (CITY) (STATE) (ZIP)

OWNER #1 _____ OWNER #2 _____

(AS LISTED ON REGISTRATION PAPERS****OWNER #1 WILL RECEIVE ANY CORRESPONDENCE & MONIES WON)

SS # _____ SS # _____

(Owner #1)

(Owner # 2)

ADDRESS (Owner #1) _____

(STREET) (CITY) (STATE) (ZIP)

PHONE NUMBER# _____

I hereby certify that the above named Paint is eligible for the New Jersey Breeder Award Program under the Rules and Regulations of said Program.

OWNER(S) SIGNATURE _____

PLEASE MAIL ALONG WITH THE ELIGIBILITY FORM:

MARISSA CAMPBELL

**182 Preakness Dr
Mt Laurel, NJ 08054**