



American Sugarbush Harlequin Draft Association
P.O. Box 555, Brookneal, VA 24528
REGISTRATION APPLICATION



A. FOAL NAME SELECTIONS: (Maximum of 25 letters including spaces)

Punctuation, special characters, numbers, or Roman numerals not allowed. "Sugarbush" or "Stonewall" in the name restricted to horses descended or owned by the Sugarbush Hitch Co or Stonewall Stud respectively.

1st _____
 2nd _____
 3rd _____

Registration Classification (check)

- E-Designation [E]
- Main Book [#]
- Hardship [N]
- Improvement [I]
- Heritage [H]

B. FOAL INFORMATION:

FOALING DATE: _____ STATE FOALED: _____ COUNTRY: _____ SEX: _____

SIRE Name: _____ # _____ Breed _____ Color _____

Grandsire: _____ # _____ Granddam: _____ # _____

DAM Name: _____ # _____ Breed _____ Color _____

Grandsire: _____ # _____ Granddam: _____ # _____

***OWNER OF DAM AT THE TIME OF FOALING:** (Please print as it appears on the dam's Certificate of Registration.)

Name _____ Membership # _____ Phone #'s _____

Address _____ City _____ State/Province _____ Zip/Postal _____

As owner of the dam at the time this horse was foaled (or authorized by said owners), I hereby certify that all information on this registration is true and correct to my personal knowledge and agree that ASHDA has the privilege to correct and/or cancel the Certificate of Registration for cause under its rules and regulations.

Signature **X** _____ Date _____

***The Certificate of Registration will be returned to the above address unless a transfer of ownership accompanies this application.**

C. BREEDER'S CERTIFICATE: (ANY ALTERATIONS OR ERASURES MAY VOID THIS BREEDER'S CERTIFICATE)

SERVICE DATES _____ YEAR _____

by natural (hand) service artificial insemination transported semen pasture breeding embryo transfer

This is to certify that the sire _____, Registration # _____

bred the mare _____, Registration # _____

Owner of Dam at Time of Foaling and Breeding is the same

OWNER OF DAM AT THE TIME OF BREEDING: (Please print as it appears on the dam's Certificate of Registration.)

Name _____ Membership # _____ Phone #'s _____

Address _____ City _____ State/Province _____ Zip/Postal _____

Signature **X** _____ Date _____

Owner of Stallion at the Time of Breeding is the same as Owner of Dam at Time of Breeding And Foaling

OWNER OF STALLION AT THE TIME OF BREEDING: (Please print as it appears on the stallion's Certificate of Registration.)

Name _____ Membership # _____ Phone #'s _____

Address _____ City _____ State/Province _____ Zip/Postal _____

Signature **X** _____ Date _____

