

March 15, 2018 Payment Form
SUPPLEMENTAL AND SUSTAINING PAYMENTS
 Supplement is for those horses who were not nominated as yearlings. Must accompany sustaining payment.

TROTTERS

<p>2018-2019 Garden State Trot # 1 <i>2 year old first payment. 2 year olds race at The Meadowlands, 3 year olds race at Freehold Raceway.</i></p>	<input type="checkbox"/> <input type="checkbox"/>	<p>SUPPLEMENTAL</p> <p>SUSTAINING</p>	<p>N/A</p> <p>\$250</p>
<p>2018-2019 Futurity #53 <i>2 year old first payment. Futurities race at Freehold Raceway.</i></p>	<input type="checkbox"/> <input type="checkbox"/>	<p>SUPPLEMENTAL</p> <p>SUSTAINING</p>	<p>\$300</p> <p>\$200</p>
<p>2018 Futurity #52 TROT <i>3 year old first payment. Futurities race at Freehold Raceway.</i></p>	<input type="checkbox"/>	<p>SUSTAINING</p>	<p>\$300</p>

PACERS

<p>2018-2019 New Jersey Home Grown Pace #1 <i>2 year old first payment. Futurities race at Freehold Raceway.</i></p>	<input type="checkbox"/> <input type="checkbox"/>	<p>SUPPLEMENTAL</p> <p>SUSTAINING</p>	<p>\$300</p> <p>\$200</p>
<p>2018 Futurity #52 Pace <i>3 year old first payment. Futurities race at Freehold Raceway.</i></p>	<input type="checkbox"/>	<p>SUSTAINING</p>	<p>\$300</p>

Owners of any horse entered to race must be current members of the SBOANJ.

Nominated horse: _____ Sex: Colt _____ Filly _____

Sire: _____ Dam: _____

Foaling location: _____

Name of owner: _____ Phone: _____

E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

PAYMENT

Check number: _____ *Check or money order payable to: SBOANJ* Mail to: **SBOANJ**
 Amount: _____ *Payment in U.S. funds only* 64 Business Route 33
 Manalapan, NJ 07726
 732 462-2357

I certify that the horse nominated was not conceived by frozen semen and the information provided on this application is true, accurate and complete.

X Signature: _____ Date: _____