

Celtic Warmblood Registry

Registration Application



Date:	_____	Membership #:	_____
First Name:	_____	Last Name:	_____
Mailing Address :	_____		
City :	_____		
State / Region:	_____	Postal Code :	_____ Country : _____
Email Address:	_____		
		Number of Horse(s) submitted for registration:	_____
		Registration Fees (\$ 75.00 per horse) :	\$ 75.00
		Total Enclosed/Charged:	_____

Please complete this form once and complete the horse application form for each horse to be registered. Submit the application(s) along with \$ 75.00 registration fees per horse made payable to Celtic Warmblood Registry. Please do not enclose cash. Payment may be made via check, money order, Visa or Master Card. If a horse is deemed not eligible to the requirements of being at least 25% Irish Draught, the appropriate fees will be refunded.

Credit Card Information :	__ Visa	__ Master Card
Credit Card Number:	_____	Exp Date (MM/YY) ___/___
Please complete information above if payment is by credit card.		

Mail to: Celtic Warmblood Registry
C/O Registrar
PO Box 148
Fulshear, TX 77441

Celtic Warmblood Registry

Registration Application

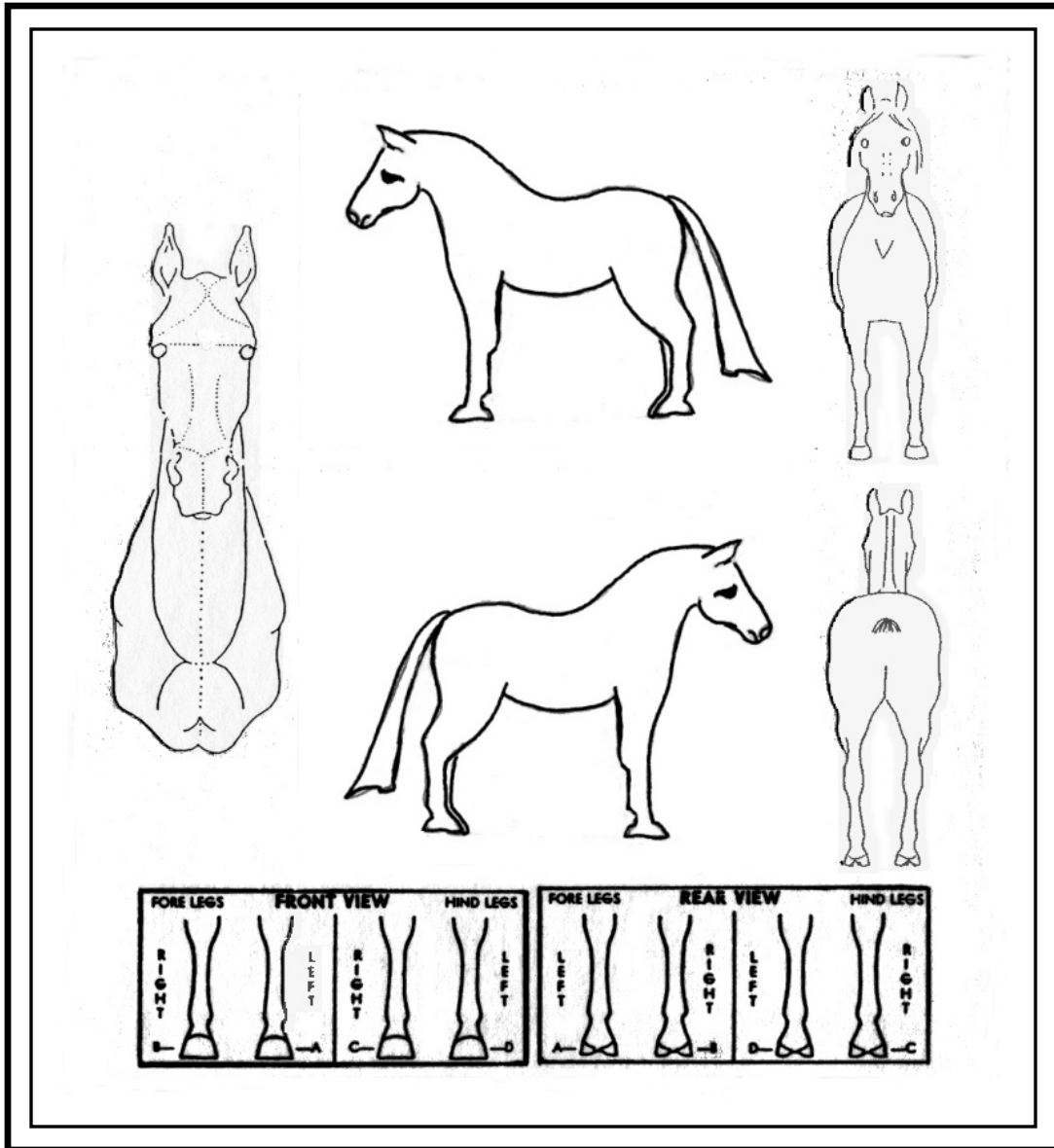


Horse's Name _____ Date Foaled: _____ Sex : _____								
Color : _____ Microchip Number _____ Blood Typed (Y/N) _____								
Bred By : _____								
Sire _____ Breed _____ Registration # _____								
Dam _____ Breed _____ Registration # _____								
<p>_____</p> <p>Sire</p>	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 50%;"></td><td style="width: 50%; height: 50%;"></td></tr> <tr><td style="width: 50%; height: 50%;"></td><td style="width: 50%; height: 50%;"></td></tr> </table>					<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 100%; height: 50%;"></td></tr> <tr><td style="width: 100%; height: 50%;"></td></tr> </table>		
<p>_____</p> <p>Dam</p>	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 50%;"></td><td style="width: 50%; height: 50%;"></td></tr> <tr><td style="width: 50%; height: 50%;"></td><td style="width: 50%; height: 50%;"></td></tr> </table>					<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 100%; height: 50%;"></td></tr> <tr><td style="width: 100%; height: 50%;"></td></tr> </table>		

Please fill in all known information. Include copies of letters, certificates or any other paperwork attesting to parentage. Please include name, breed and registration numbers when possible. If a horse is deemed not eligible to the requirements of being at least 25% Irish Draught, the appropriate fees will be refunded. DNA testing is included with the registration.

By my signature below, I attest that all statements made on this application are true and that I am the current owner of the horse.

_____ Date _____ Membership # _____
 _____ (Name Printed)



Please use the templates above to indicate your horse's markings. Mark all hair whorls with an 'X'. It is a requirement that all horses over the age of two have confirmation photos on file i.e. front, rear, and two side photos. These photos are for identification and verification and will not be published anywhere. Photos will not be returned.