

FEE SCHEDULE FOR STATISTICAL INFORMATION

- | | | |
|--------------------------|--|------------------------------------|
| <input type="checkbox"/> | PRODUCTION RECORDS
A list of foals produced | \$10 per horse |
| <input type="checkbox"/> | SHOW NATIONAL POINTS RECORD | \$10 per exhibitor or horse |
| <input type="checkbox"/> | RACE HISTORY | \$10 per horse |
| <input type="checkbox"/> | SIRE OR DAM STATISTICS
A list of foals with their race or show history | \$10 per horse |
| <input type="checkbox"/> | MANUAL RESEARCH CHARGE, PER HOUR | \$25 – With a two (2) hour minimum |

If you wish to order statistical information, please indicate the horse's full name and registration number below.

Horse's name _____ Registration #: _____

Horse's name _____ Registration #: _____

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Horse's name _____ Registration #: _____

Fees are subject to change. See current *Official Handbook of the ApHC* for correct fees.

****Unless otherwise indicated, the fees below reflect ApHC Member Advantage prices and are based on a current year ApHC membership ending on December 31st. If, for any reason, you are not an ApHC member and do not wish to become an ApHC member, please submit your request in writing, along with current member fees and an additional \$100.00 non-member surcharge**

SPECIAL RUSH SERVICES *Rush fees are non-refundable and non-transferable.*

Rush fees are in addition to other fees.

- | | | |
|--------------------------|--|----------|
| <input type="checkbox"/> | Rush Fee, maximum 10 working days to process, add: | \$75 ** |
| <input type="checkbox"/> | Rush Fee, maximum 48 hours to process, add: | \$150 ** |

If you wish your horse's application to be rushed, please indicate RUSH on outside of envelope.

OPTIONAL RETURN SHIPPING FEE (US residents only)

- US Postal Express Mail
- UPS Next Day

Contact ApHC office for
Prevailing Rates

CREDIT CARD CHARGES: Starting January 1, 2019 Appaloosa Horse Club will implement a credit card surcharge. Applications received without required payment will be assessed an Invoicing Fee.



Credit Card Number: _____ Expiration Date: _____ CVV #: _____
(PLEASE INCLUDE 16 DIGIT RAISED NUMBERS) (Month) (Year)

Signature of Cardholder: X _____

Printed Name of Cardholder: _____

Mailing Address: _____ City: _____

State/Province: _____ Country: _____ Zip/Postal Code: _____

Day Phone: (____) _____ - _____ Evening Phone: (____) _____ - _____

E-mail Address: _____