

**IDAHO  
QUARTER  
HORSE  
ASSOCIATION**

**Idaho Cup Quarter Horse  
Series**

**Nomination Blank**

**NOMINATIONS CLOSE  
DECEMBER 31, 2018**



The proposed stakes schedule is as follows:

Idaho Cup Futurity.....350 yards.....\$10,000 Estimated Added  
 Idaho Cup Derby.....400 yards.....\$10,000 Estimated Added

**The Idaho Cup Stakes Races are open to only IDAHO BRED QUARTER HORSES registered with the AQHA.  
 ALL NOMINATORS MUST BE CURRENT MEMBERS OF THE IQHA-RACING DIVISION.**

**Nominator Awards:** The one time fee will enable your Quarter Horse to nominate in the \$20,000 estimated added Idaho Cup Stakes Races for their entire racing career. Nominator awards of 10% of the total Idaho Cup purses will be allocated on the same basis as the purse distribution. As Nominator, you will earn right along with your horse. Even if you no longer own the race horse, you still collect the Nominator Award for every IDAHO CUP race in which that horse earns purse money.

**Membership:** It is condition of the IDAHO CUP program that the Nominator be a member in good standing of the IQHA-Racing Division. The IQHA-Racing Division annual membership is based on the calendar year, January through December. Late entries into the IDAHO CUP must meet this condition before or at the time of nomination. To remain eligible for the nominator awards, you must be a member of the IQHA-Racing Division in the current year that the purses are disbursed.

**TO CONTINUE THIS PROGRAM INTO FUTURE RACING SEASONS, IT WILL BE NECESSARY TO  
 NOMINATE ALL IDAHO BRED QUARTER HORSES BY DECEMBER 31, 2018**

**2018 WEANLINGS—\$100**

**2018 YEARLINGS—\$250**

**2018 TWO YEAR OLDS BY MARCH 1ST OF 2 YEAR OLD YEAR —\$750**

**TWO YEARS OLDS FROM MARCH 2ND AND OLDER HORSES—\$2,500**

**IC NOMINATION—DETACH AND MAIL**

<b>NAME OF HORSE</b>	<b>YEAR</b>	<b>SEX</b>	<b>SIRE</b>	<b>DAM</b>
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**Make Checks Payable to:**

The Idaho Cup Series  
 PO BOX 97  
 EMMETT, ID 83617

Phone (208)365-3874  
 Fax (208)365-3873

Email iqhassociation@gmail.com

Owner \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Owner or Agent Signature \_\_\_\_\_

\_\_\_\_\_ I am a 2018 member \_\_\_\_\_ I am not a 2018 member Enclosed is \$30 for 2018 Membership Fees.