



MINNESOTA RACING COMMISSION

P.O. Box 630
Shakopee, Minnesota 55379
Telephone: 952-496-7950
Fax: 952-496-7954
www.mrc.state.mn.us

For Office Use Only
.MRC Number
Date

2009 SB FOAL REGISTRATION APPLICATION

Name of Foal _____

Foaling Date (Month/Day/Year) _____

Sire of Foal _____ Dam of Foal _____

Sex of Foal _____ Color of Foal _____

Markings on Foal _____

Breeder(s): _____
(owner or lessee of the dam at time of conception)

Social Security/Federal ID# _____
(This number will be used for income tax purposes should you become eligible for Breeders' Fund Award Payments)

Address _____

City/State/Zip Code _____

Phone Number(s) _____

Current owner of foal (if different from above) _____

Address _____

City/State/Zip Code _____

I hereby certify that the above information is true and correct to the best of my knowledge and that it is submitted for the purpose of participating in the Minnesota Breeders' Fund program pursuant to MN Stat. 240.18. I acknowledge that failure to provide complete and accurate information or submission of false information may be grounds for disqualification from participating in the Breeders' Fund program and may subject me to civil and/or criminal prosecution. I hereby consent to on-site inspections by the Racing Commission or its designee to verify the foregoing information.

(Signature of Mare Owner/Agent)

(Phone Number)

THIS FORM MUST BE RECEIVED BY THE MRC BY DECEMBER 31 OF THE FOALING YEAR

PLEASE NOTIFY THE RACING COMMISSION IF YOU REQUIRE
THIS MATERIAL TO BE MADE AVAILABLE IN ALTERNATIVE
FORMAT, I.E., LARGE PRINT, BRAILLE, AUDIO CASSETTE, OR
OTHER REQUESTED SPECIAL FORMAT.

THE RACING COMMISSION CAN BE REACHED AT

952/ 496-7950 OR 800/ 627-3529

(TTY/ VOICE RELAY SERVICES).