



## 2025 MPHA/KBIF Application/Nomination of Horse

Horse's Registered Name: \_\_\_\_\_

MPHA Registration Number: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner's Mailing  
Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Nomination fee for 2025 is \$5 per horse. This fee can be mailed in or paid via PayPal on the MPHA website.

Is this a YOUTH horse?    YES    NO

The above information is true and accurate at the time of application submission.

\_\_\_\_\_  
Owner's signature

\_\_\_\_\_  
Date

Please email completed form to [mccoysrebeccak@gmail.com](mailto:mccoysrebeccak@gmail.com) or mail to:

ATTN: R. Layne

MPHA

PO Box 5

Jeffersonville, KY 40337

**\*\*\*THIS FORM MUST BE SUBMITTED BY MIDNIGHT MAY 1<sup>ST</sup> OF THE  
COMPETITION YEAR\*\*\***