THE GALICENO HORSE BREEDERS ASSOCIATION LLC

REGISTRATION APPLICATION

P.O. BOX 381 214-797-9723

TIOGA, TEXAS 76271 FAX 903-429-9990

EMAIL:GALICENOS@AOL.COM www.galicenohorse.com

**PLEASE NOTE PHOTOGRAPHS AND REGISTRATION FEES ARE REQUIRED TO RECEIVE YOUR REGISTRATON PAPERS. PLEASE INCLUDE REGISTRATION FEE $20 CHECK OR MONEY ORDER MAKE CHECKS PAYABLE TO GALICENO HORSE BREEDERS ASSOCIATION LLC. We also accept PayPal and Venmo**

**Please contact us for payment info if using these.**

**Photos: We will need 4 or more photos to process your application. One photo of each side of horse standing on hard ground, not in high grass or anything that will cover up the feet and legs. We need one from the front to show face and front feet and one from the back showing any dorsal stripes and back legs. We cannot process any application without these photos.**

NAME OF HORSE

1ST CHOICE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2ND CHOICE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE FOALED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_COLOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MARE:\_\_\_\_\_\_\_\_\_STALLION:\_\_\_\_\_\_\_\_GELDING:\_\_\_\_\_\_\_\_

MARKINGS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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SIRE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_REGISTRATION NO.\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner of Sire at time of service:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DAM:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_REGISTRATION NO.\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OWNER AT TIME OF FOALING:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit to us a description of your intended activities with your Galiceno,

We would like to know if you are planning on showing, breeding, trail riding, and any disciplines you

Plan to engage with your horse.

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If you are submitting a registration application based on DNA testing results, please give us as much back

ground information as you know. We would like to know where you acquired your horse, person, location,

or any other details of this horse’s history.

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Acknowledgment of GHBA Guidelines and full right of refusal of registration application.

I acknowledge that the GHBA, Inc. and the Standards Committee has the full right of declining or refusing

any application submitted to our organization. I understand that certain physical characteristics i.e., color,

height, body type are also considered for registration. I understand that by submitting my application does not

guarantee registration with the GHBA.

Sign:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person Submitting This Application:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_