

EXCA Horse Hall of Fame Application

Name of Horse: _____

Date Foaled: _____ Color : _____ Sex: _____

Breed: _____ Registration Number: _____

Markings: _____

Name of Owner: _____ EXCA #: _____

Address (City, State, Zip): _____

Phone: _____ E-mail: _____

Name of Person Nominating Horse: _____ EXCA #: _____

Address (City, State, Zip): _____

Phone: _____ Email: _____

Please list the nominated horse's lifetime major career wins and accomplishments. (Remember, only EXCA events will be considered when judging a horse's extreme racing career for election into the Hall of Fame.) _____

I declare that I have examined this application and to the best of my knowledge and belief, the information is true, correct, and accurate. Declaration of above signers (other than the applicant) is based on all information of which the signer has any knowledge.

Applicant Date: _____

Please mail this application to the EXCA Office with the \$10 Processing Fee.

EXCA
PO Box 50
Bluff Dale, TX 76433