

OHIO COLT RACING ASSOCIATION

SUSTAINING PAYMENT FORM FOR

RETURN THIS FORM WITH PAYMENT

\$25.00 for each colt or filly for each fair.

A	C	G
G	Or	A
E	F	I
		T

NAME OF HORSE			C	W	L	Wh	E

No. sustaining payments _____ x \$25.00 \$ _____

I want additional associate memberships _____ x \$15.00 \$ _____

TOTAL \$ _____

Name _____ Phone # _____

Address _____ City _____ St _____ Zip _____

Check # _____

Make Payable to OCRA Mail to: Judith F. Foureman

Phone #937 692 5755 201 W. George St, Arcanum, Oh 45304

Web Site: ohiocoltracingassociation.com e-mail: judyf@woh.rr.com

Please use the space below to note any corrections I need to make in the Nomination Book.

ON CIRCUIT

APRIL 15, 2008

AYMENT

X	Ch	T	G	D	La

Enclosed
