HBC JACKPOT WEANLING CLASS STALLION SERVICE DONOR ENTRY FORM

As owner of the Stallion		, Registration #	
I hereby donate one l the HBC weanling Jac	_	during the 202	0 breeding season to
Transported Semen available? Yes: No: If yes, Fee: \$			
Mare care: \$	per day, Mar	re with foal \$per day	
S	SERVICE DONORS	SINFORMATION	N
Owner of Stallion		Phone #	
Owner's Address:			
City:		State:	Zip
E-mail			
Signature of Stallion Owner			Date
Signature of Service Donor			Date
Address of Service Do	onor (IF different	from Stallion C	Owner)
Donors Address			
City		State	Zip
E-mail			And Additional Control of the Contro
Best phone number t	o call to book ma	are or order sei	men:
#			
Please mail or e-mail	application to:		
Ron Kutz, N3678 Will Road, Jefferson, WI 53549			
e-mail – rpkutz3a@g	mail.com		