STATE HORSE RACING COMMISSION		
BREEDEF	RS FUND REGIST	RATION FORM
BREEDER/OWNER INFORM	MATION	
Name(s):		
Address:		
City:	State:	Zip Code:
Telephone No:	Email:	
BROODMARE INFORMATION NOTE: If an ET FOAL is involved, list recipient mare, then indicate ET FOAL and the name of the donor mare.		
Name:	USTA Reg. No:	Mare foaled in (yr):
Sire:	Dam:	
Broodmare is in Foal to (PA Stallion):	Scheduled to Fo	al:
FACILITY		
Farm Name:		
Address:		
City:	State:	Zip Code:
Telephone No:	Email:	
180 DAY RESIDENCY REQ	<u> UIREMENT</u> (foaling w	ithin) Permanent Resident 🗆
If permanent resident, check box above. If not, complete BOTH from and to date spaces.		
From Date: To Date:		
		February 15 of foaling year;
if not all information is know	wn by then, mark areas	so; MUST send info when available.
I hereby state that the above information is true and correct to the best of my knowledge, information, and belief. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. 4904.		
Please mail this form to: Pennsylvania Breeders Fund, 2301 N. Cameron St., Rm. 301, Harrisburg PA 17110. If you have any questions, please call Ryan Kell at 1-717-214-9053 or Commission office at 1-717-787-5196		
NOTE: ANY deliberate falsification of this document may result in the SIGNER and the ESTABLISHMENT, plus any other parties found complicit, being PERMANENTLY BARRED from ANY participation in the Pennsylvania Sire Stakes and Pennsylvania Breeders Fund, and/or a fine, or suspension or revocation of your license. Any denial of access or interference with official Harness Commission personnel dispatched to ascertain residency will result in the SAME sanctions.		
Breeders (owners of broodmares at time of conception)		
are ultimately responsible for timely paperwork, <u>every year</u> .		
(First-Listed Bre	eder/Owner Signature)	(Date)
rev 9/25/2019 www.agriculture.state.p	a.us	