

SUBSTITUTION/TRANSFER FORM

****Only one (1) horse per form. Please fill out a form for each substitution/transfer.****

Please refer to the "Rules" section of the [Cutting Horse Futurity Website](#) for all regulations and fees surrounding transfers and substitutions. All fields of this form need to be filled in and returned to the Entries Office via fax or email. Any additional fees associated with the substitution/transfer will be charged to the card listed below. **Please submit registration papers for any horses added. Premiums will be paid as designated on the original entry.**

Date Received: _____ (Office use only)
OWNER **RIDER**

Name: _____ Name: _____
 Phone: _____ Phone: _____
 Email: _____ Email: _____

Signature of Person Making Substitution/Transfer: _____

HORSE BEING REMOVED FROM THE SHOW/CLASS:

Name of Horse: _____

Class(es) Being Removed From:

	Open	Non Pro	\$50,000 Limited Amateur
FUTURITY (3 year old)	<input type="checkbox"/>	<input type="checkbox"/>	
DERBY (4 year old)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSIC/CHALLENGE (5 & 6 year olds)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7-UP (7 years and older)		<input type="checkbox"/>	

HORSE BEING ADDED TO THE SHOW/CLASS: (Please submit registration papers)

Name of Horse: _____

Class(es) Being Added To:

	Open	Non Pro	\$50,000 Limited Amateur
FUTURITY (3 year old)	<input type="checkbox"/>	<input type="checkbox"/>	
DERBY (4 year old)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSIC/CHALLENGE (5 & 6 year olds)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7-UP (7 years and older)		<input type="checkbox"/>	

FEES:

- Transfer after Final Entry Deadline: \$100
- Transfer of Entry Between Classes: Additional Entry Fee (\$_____) + \$50
- Substitution within the Same Class Prior to the Draw: \$100
- Substitution within the Same Class After the Draw: Mandatory Veterinary/Doctor's Certificate + \$200

PAYMENT:

Card No _____ Expiry Date _____

Card Holder Name _____ Card Holder Signature _____