

Q9



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**NORTH CENTRAL QUARTER
HORSE RACING
ASSOCIATION FUTURITY**

\$20,000 Added

*(Includes \$10,000 from the Mystic Lake Purse Enhancement Fund)

To Be Run: Sunday, August 4, 2013

FOR QUARTER HORSES, TWO YEARS OLD. \$75 to nominate on or before Wednesday, March 1, 2013 (includes \$25 membership/office charges); \$50 sustaining payment due on or before Monday, April 1, 2013; \$50 sustaining payment due on or before Wednesday, May 1, 2013; \$100 sustaining payment due on or before Saturday, June 1, 2013; \$100 sustaining payment due on or before Monday, July 1, 2013 and \$150 due at time of entry for the trials. Total amount due: \$525 (includes all fees). With \$20,000 added (\$10,000 from Canterbury Park and \$10,000 from the Mystic Lake Purse Enhancement Fund) and the balance from nomination, sustaining and entry fees. To be distributed to the 10 fastest qualifiers: 50% to the owner of the winner, 20% to second, 10% to third, 7% to fourth, 5% to fifth; 3% to sixth, 2% to seventh and 1% to eighth, ninth and tenth. Weight: 122 lbs. Eligibility: Owners must be a resident of an eligible state. Residents of the following states and provinces are eligible to participate: IA, ID, IL, IN, KY, MI, MN, MO, MT, NE, ND, OH, SD, WI, WY, and Manitoba and Ontario (Canada). **MAKE CHECKS PAYABLE TO:** North Central Quarter Horse Racing Association. Mail to: Jim Olson, 16658 Wren Court, Andover, Minnesota 55304; 612-237-4358. Payments must be postmarked by the date or late fees will apply. A copy of the foal registration papers shall accompany the original nomination. Any missed payments after nomination will double. Management reserves the right to run 11 horses in the finals, with no trials, if 11 horses or less enter into the trials, paying purse monies to only the top 10 finishers. Management reserves the right to cancel, change or postpone the trial and/or finals. Trials to be run Sunday, July 21, 2013.

Three Hundred And Fifty Yards

Nominations Close Friday, March 1, 2013

NAME OF HORSE(Sire-Dam)	Color	Sex	Age
Signed _____			
Trainer _____			
Owner _____	Phone _____		
Permanent Address _____			
City _____	State _____	Zip _____	