

Please complete a sustaining payment coupon and mail in with each sustaining payment.  
Make copies as needed.

**Mail Stakes Sustaining Payments to**  
**Quarter Horse Racing Association of Indiana**  
**P O Box 399**  
**Shelbyville, IN 46176**

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Sustaining Payment Coupon – Name of Race \_\_\_\_\_

Name of Horse \_\_\_\_\_

Owner: \_\_\_\_\_ Owner Phone Number: \_\_\_\_\_

**Amount to be Paid \$** \_\_\_\_\_ **Check Number:** \_\_\_\_\_ **Trainer:** \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Circle One: Visa MasterCard Discover

Exp. Date: \_\_\_\_\_ 3 Digit Code on Back of Card: \_\_\_\_\_ Zip Code of Billing Address: \_\_\_\_\_

Name on Credit Card being used and Signature Required: \_\_\_\_\_

Additional Information (i.e. late nomination, change of mailing address, new owner, etc.) \_\_\_\_\_

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**Please use this form for SUSTAINING PAYMENTS ONLY. Complete a nomination form for each newly nominated horse.**