



Stallion Statistical Page **\$500 cash** by 12-9
\$525 credit card or after 12-9

Stallion Statistical Page plus facing black & white photo page **\$850 cash** by 12-9
\$892.50 credit card or after 12-9

Stallion Statistical Page plus facing color photo page **\$1,250 cash** by 12-9
\$1,312.50 credit card or after 12-9

(All of the above include **complimentary Stallion Index & Farm Directory Listing**
as well as **Hypomating** on the LTBA website www.louisianabred.com)

Stallion Index Listing **Includes only information provided below.**
No statistics or hypomating are provided with this listing **\$50 Must be paid with order**
No charge with Stallion Statistical Page

Please print this form, complete in full, and fax or email to Louisiana Horse Magazine

Name of Stallion _____

Year Foaled _____ Year Entered Stud _____

Sire _____ Dam _____

Height (optional) _____

Stud Fee _____

Terms _____

Nominated to: Breeders' Cup Series Other _____

Enrolled in: E Nicks True Nicks G1 Gold Mine Other _____

Stallion is Property of: _____

Standing Stud at: Farm _____

Inquiries to: _____

Street _____

City _____ State _____ Zip _____

Phone: _____

cell _____ fax _____

e-mail _____

web _____

Billing address: _____ Telephone _____

Street _____

City _____ State _____ Zip _____

E-mail or fax proof to: _____

AUTHORIZED BY _____

please print

X _____

signature

date

PLEASE MAKE CERTAIN ALL QUESTIONS ARE COMPLETED, AND RESERVATION FORM IS SIGNED,

Return this form for placement to: Louisiana Horse Magazine, P.O. Box 24650, New Orleans, LA 70184

985-386-0360 • fax 985-386-0360 • linda@louisianabred.com • For billing inquiries call 1-800-772-1195 or 504-947-4676



Farm/Training Center Listing\$50 Must be paid with order
No charge with Stallion Statistical Page

Farm/Training Center Name _____

Owner _____ Manager _____

Address _____ City _____ Zip _____

Phone: _____ cell: _____

e-mail: _____ web: _____

Standing Stallions (if any) _____

Facilities: _____

Services: _____

Service Listing\$50 Must be paid with order

Service Category _____

Business Name _____

Contact _____

Address _____

City _____

Zip _____

Phone: _____

Service Information: _____

Return this form with payment to:

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