



Type 1 Registration Fees

Current Year Foal	\$15
Yearling	20
Two-Year Old	25
Three Years or Older	30

A Div. 34" & Under at Maturity
 B Div. Over 34" -38"
 Permanent Registration at age 3.
 Height required for Permanent Reg.

Type 1 Registration: Qualifications:

Sire and Dam are registered WCMHR.
 or Dam is registered with WCMHR.
 or Horse has registration number in another Registry.
 or Both parents registered in another Registry.

Type 2 Registration:

\$10 Open Registry Geldings all ages.
 \$10 Show Pony Div. over 38"-48"-not a Miniature Div.

Type 3 Registration: \$75 per horse-Hardship

Unregistered horse, one or both parents unregistered or unknown.

WORLD CLASS
 MINIATURE HORSE REGISTRY, INC.
 12009 Stewartsville Rd.
 Vinton, VA 24179 USA
 Tel/Fax:(540) 890-0856 wcmhr.com

Horse's Name _____ Height-_____ "

Foaling Date _____ Sex: _____
 Stallion, Mare, or Gelding

Other Registration #s
If Applicable _____

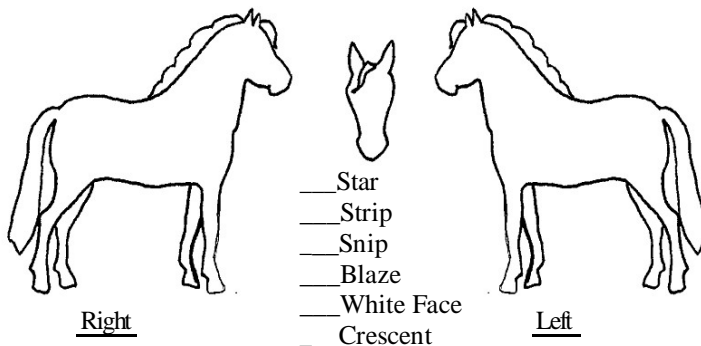
__Bay __Silver Bay __Black __Brown __Buckskin __Chestnut __Cremeollo __Dun-Red __Dun-Yellow
 __Grey __Grulla __Palomino __Perlino __Blue Roan __Red Roan __Sorrel __White Appaloosa Pinto

Mane Color: _____ **Tail Color:** _____ Markings: _____

Indicate color & markings (if any) on horse outlines Draw a line across where white area ends on legs-if any.

Photos are not required for Type 1 and Type 2 Registrations. Photographs may be sent instead of or with Drawing on outlines. Send 3 photos, full sides and front view. A photo will be placed on the back of the Certificate. Type 3 Registration (Hardship) Requires 4 photos, Front, Back and Both Sides.

Indicates White Indicates Color



Breeder _____

Sire: _____ Reg. No. _____ Ht.: _____ "

Grandsire: _____ Reg.No. _____ Ht.: _____ "

Granddam: _____ Reg.No. _____ Ht.: _____ "

Dam: _____ Reg. No. _____ Ht.: _____ "

Grandsire: _____ Reg.No. _____ Ht.: _____ "

Granddam: _____ Reg. No. _____ Ht.: _____ "

Owner _____ Membership No. (if known or assigned) _____

Farm Name _____ Membership required to register horses -application on reverse.

Address _____ City _____ State _____

Zip _____ Country _____ Tel. (_____) _____

Fax (_____) _____ E-mail _____ Keep me informed by e-mail.

I am solely responsible for the above information and all is correct and documented to the best of my knowledge:

Signature _____ Date _____

All fees are to be paid in US Funds only. Foreign checks write US Beside amount. Checks made payable to WCMHR, Inc.