



Registration Application For The National Chincoteague Pony Association

NCPA 2595 Jensen Road Bellingham, Wa 98226-9425

(360) 671-8338 - GFreder426@aol.com

INSTRUCTIONS: COMPLETE ALL INFORMATION ON EQUINE TO BE REGISTERED BELOW. INCLUDE FOUR PICTURES (FULL BODY -R-Side, -L-Side, Front & Rear) PHOTOS ARE TO BE CLEAR & SHARP - RETURN WITH CORRECT FEES. *Include copies of Chincoteague Firemen Vet & Auction Receipts or Original Registration Papers (if applicable).*

REGISTRATION INFORMATION:

(You must provide both a primary and a secondary name choice)

First Choice - Equine Name: _____

Second Choice - Equine Name: _____

SEX: S ___ M ___ G ___ Filly ___ Colt ___

Pony's Height: _____ Pony's Weight: _____ (approx.)

DOB: Month ___ Day ___ Year ___ (if Known) or Approximate Age: _____

Birth Location: (City/State) _____

BASE COLOR: ___ White ___ Brown ___ Dun
 ___ Grey ___ Black ___ Grullo
 ___ Chestnut ___ Bay ___ Sorrel
 ___ Palomino ___ Buckskin ___ Other

PAINT/PINTO PATTERN: ___ Tobiano ___ Overo ___ Tovero ___ Sabino

Colors: _____

BLUE EYES: ___ Y ___ N LOCATION: Right Eye ___ Left Eye ___ Partial _____

REMARKS (list any unusual markings, scars, brands & their location):

Was this foal conceived by artificial insemination? ___ Yes ___ No

SIRE INFORMATION:

Sire Equine Name: _____

Registration Number: _____

IMPORTANT: (You must submit a copy of the Sire's Original Registration Papers)

Color/Pattern: _____

Unknown, Island Bred: _____

Owner of Sire at time of service: _____

Virginia Park Dept: _____

Address: _____

DAM INFORMATION:

DAM Equine Name: _____

Registration Number: _____

IMPORTANT: (You must submit a copy of the DAM's Original Registration Papers)

Color/Pattern: _____

Unknown, Island Bred: _____

Owner of DAM at time of service: _____

Virginia Park Dept: _____

Address: _____

If the foal was born to a private farm, please include a COPY of the parents original Registration Papers. A Bill of Sale and a Breeder's Certificate.

OWNER REGISTRATION INFORMATION:

Owner of Equine: _____

Phone Number: _____ Company Name: _____ (if applicable)

Address: _____

Email: _____

Website: _____

REGISTRATION SUBMISSION:

- \$75.00 Registration Fee for PAID MEMBERS
- \$100.00 Registration Fee for NON-MEMBERS

AMOUNT ENCLOSED FOR REGISTRATION: \$_____ (US FUNDS ONLY)

Enclosures Checklist: ___ 4 High Quality RECENT Photos
 ___ Firemen Vet and/or Auction Receipts if Applicable
 ___ All Required Registration Copies
 ___ Make Sure Form Information Above is ALL complete

YOUR APPLICATION WILL BE RETURNED IF NOT COMPLETED.

Signatures of all joint owners required:

Signed: _____ Date: _____

Signed: _____ Date: _____

All information is correct to the best of my knowledge and belief as certified by my written signature. Any fraudulent statements herein automatically cancel registration. (This application is accept with the right to correct and/or revoke) All persons applying for registration are responsible for knowledge of the current Rules and Regulations governing registration requires as set forth in the Official NCPA Registration Book.

OFFICE USE ONLY-DO NOT WRITE IN THIS SPACE

ACCEPTED: ___Y ___N DATE RECEIVED: _____ ASSIGNED REG.# _____

ASSIGNED PERSONAL #: _____ DISCOUNT APPLIED: ___Y ___N AMT. PD: _____

NOTES: _____

Please Return this form and your remittance to:

The National Chincoteague Pony Association
2595 Jensen Road
Bellingham, WA 98226