



DESIGNED TO ENHANCE THE BREEDING OF THE AMERICAN SADDLEBRED HORSE

STALLION SERVICE DONATION CONTRACT DATE: _____

As the owner or manager of the following American Saddlebred Stallion:

NAME: _____ Reg#: _____

I hereby donate one breeding service for the above named stallion to The ALL AMERICAN CUP for the 2020 breeding season. It is agreed that this stallion service donation is to be used for one (1) registered American Saddlebred broodmare. The resulting foal will be eligible for THE ALL AMERICAN CUP starting in 2021.

I understand that THE ALL AMERICAN CUP assumes no further responsibility after the sale of the stallion service at THE ALL AMERICAN CUP STALLION SERVICE auction.

All future business is the responsibility of the stallion owner (manager) and broodmare owner (BUYER).

Stallion Service DONOR _____ SSN or EIN _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____

Fax: _____ Email Address: _____

Standing at _____ Manager: _____

Address: _____ City: _____ St: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Transported Semen: Yes ___ No ___ Collection Fee: \$ _____ Shipping Fee: \$ _____ Booking Fee: \$ _____

I will ___ will not ___ provide a RETURN SERVICE to the broodmare owner who purchases my stallion service.

Signature: _____ Print: _____

****NEW** THE ALL AMERICAN CUP STALLION SERVICE BID GUARANTEE**

I am the owner/manager of THE ALL AMERICAN CUP nominated stallion: _____

I agree to make the initial and opening bid on the above-named stallion in the amount of \$ 500.00. I, of course, may continue bidding to any level I desire. If the nominated stallion does not receive a bid at the live auction above the opening bid of \$500.00, I have the option to purchase the service myself for \$500.00 or allow the All American Cup to secure a buyer by On-Line Bidding for 60 days. * I understand I will NOT be obligated to purchase the nominated stallion's service if there is not a satisfactory bid. *

Name: _____ Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____ Fax: _____

Email: _____ Signature: _____

The ALL AMERICAN CUP has the authority to accept or reject ANY application of a stallion.

PLEASE MAIL COMPLETED FORM TO THE ALL AMERICAN CUP AT THE ADDRESS BELOW BY DECEMBER 15th 2019