



OLDENBURG REGISTRY NORTH AMERICA INTERNATIONAL SPORTHORSE REGISTRY



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STAR-AWARD-SYSTEM FOR MARES

Enrollment Form

Name: _____ ISR/OL N.A. reg.no: _____

Owner: _____

Address: _____

Phone/Email: _____

1. Conformation: overall score at the evaluation: _____ points

2. Quality of foals: () 3 premium foals

Name	ISR/OL N.A. Reg. Number	Owner
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Name	ISR/OL N.A. Reg. Number	Owner
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Name	ISR/OL N.A. Reg. Number	Owner
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3a. Performance of the mare:

- () Enclose the copies of the result sheets showing the level of the test and the final score, placing *or*
- () Completion of the Mare Performance Test with at least 70%. Enclose the copies of the result sheet.

3b. Success of the offspring: () 2 premium mares

Name	ISR/OL N.A. Reg. Number	Owner
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Name	ISR/OL N.A. Reg. Number	Owner
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() or 1 ISR/OL N.A. Certified stallion

Name	ISR/OL N.A. Reg. Number	Owner
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Name	ISR/OL N.A. Reg. Number	Owner
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() or 2 successful sporthorses. **Enclose copies of the results.**

Name	ISR/OL N.A. Reg. Number	Owner
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Name	ISR/OL N.A. Reg. Number	Owner
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In order to join the SAS-program a check of **US \$ 50.00** must be enclosed.