

DELAWARE STANDARDBRED BREEDERS' FUND

Please Type or Print Legibly

SUSTAINING PAYMENT FORMNAME OF RACE: **Delaware Standardbred Breeders' Fund**FOALS OF **2024**TO BE RACED AT: **Harrington Raceway and Bally's Dover in 2027**

CHECK PAYABLE TO AND

MAIL TO: **Delaware Standardbred Breeders' Fund, 2320 S DuPont Hwy, Dover, DE 19901**

OWNER OR AGENT

MAKING PAYMENT

PHONE: _____

STREET _____

CITY, STATE, ZIP _____

COUNTRY & POSTAL CODE (If Outside U.S.): _____

E-MAIL ADDRESS: _____

Indicate the Type of Payment and Total Amount (U.S. Funds Only)1ST PYMT **\$300.00** **MUST HAVE MADE 4-15-2026 (OR 6-1-2026 LATE) PAYMENT)**DATE DUE **FEBRUARY 15, 2027** TOTAL PAID

Please provide the following information for each nominated horse

Use C, F, or G to indicate sex -- Do not use M for Mare.

NAME OF 3 YR-OLD (If Changed, Give Original Name Also)	AGE	SEX*	GAIT	SIRE	DAM	OWNER(S)	TRAINER
	3						

NOTE: Declaration Fee: \$500

Delaware Standardbred Breeders' Fund**2320 S DuPont Hwy, Dover, DE 19901****(302) 698-4610****<https://desbf.delaware.gov>**

For Office Use Only

RACE **DSBF**

Check # _____

CC _____

E-MAIL: Mark.short@delaware.gov