



BUY 15, GET \$30

Frequent Buyer Rewards Program

HOW IT WORKS:

- Clip and save proofs of purchase from participating Triple Crown® products— Triple Crown manufactured feeds, fortified forages, fortified cubes and pellets, Golden Ground Flax, Essential Omega Blend, Rice Bran and Functional Wafers. Oats and non-fortified forages and cubes do not qualify.
- Once 15 proofs are saved, send proofs and completed submission sheet or Frequent Buyer envelope to:

Triple Crown Nutrition
P.O. Box 220
Mohnton, PA 19540

- Please allow up to 8 weeks for processing.



RULES/REGULATIONS:

- Must submit proof of purchases, receipts will not be accepted.
- NEW** • Must provide a first and last name with each submission; debit cards cannot be issued to farms, barns, stores or companies.
- Limit of 12 \$30 debit cards (\$360 value) per customer, per calendar year.
- If submitting more than 15 proofs, they must be bundled in groups of 15. Proofs are counted in increments of 15; incomplete groupings will not be counted or returned.
- Keep track of your submissions. Proofs submitted that exceed the yearly maximum redemption allowed (180 proofs) will not be returned.
- Cannot be combined with any other offers or programs.
- Triple Crown reserves the right to discontinue the program at any time.



2026 REDEMPTION SHEET

BUY 15, GET \$30

Frequent Buyer Rewards Program



We hope this program supports your equine endeavors, whether it helps cover show entries, new tack, rehabbing a horse, training, traveling expenses, or feed. We strive to support our customers in their goals for their horses' health and performance. Thank you for choosing Triple Crown.

Please send completed form and proofs to: Triple Crown Nutrition, P.O. Box 220, Mohnton, PA 19540

Customer Name*: _____

Address: _____

Email: _____ Phone: _____

of Proofs Enclosed: _____

**Customer must provide a first and last name with each submission; debit cards cannot be issued to farms, barns, stores or companies*

2026 Triple Crown Rewards Submission Tracker

Clip off and retain for your records

- | | | | |
|-----------------------|-------------------------|------------------------|-------------------------|
| 1. Date Mailed: _____ | # of proofs sent: _____ | 9. Date Mailed: _____ | # of proofs sent: _____ |
| 2. Date Mailed: _____ | # of proofs sent: _____ | 10. Date Mailed: _____ | # of proofs sent: _____ |
| 3. Date Mailed: _____ | # of proofs sent: _____ | 11. Date Mailed: _____ | # of proofs sent: _____ |
| 4. Date Mailed: _____ | # of proofs sent: _____ | 12. Date Mailed: _____ | # of proofs sent: _____ |
| 5. Date Mailed: _____ | # of proofs sent: _____ | | |
| 6. Date Mailed: _____ | # of proofs sent: _____ | | |
| 7. Date Mailed: _____ | # of proofs sent: _____ | | |
| 8. Date Mailed: _____ | # of proofs sent: _____ | | |