REQUEST FOR NAME CHANGE

67 Horse Center Rd. Suite B

Decatur, AL 35603

Member # _____

Name: _____

Address: _____

The following Racking □ Stallion □ Mare □ Gelding Name _____ Reg # _____

Should now be named: _____

Date of Name Change: _____

I hereby authorize the name change of Racking Horse to _____

** NOTE-CANNOT CHANGE NAME OF HORSE IF HORSE HAS HAD OFFSPRING**

_____ _____

Signature of Owner/ Owners Date

Fee Schedule: $35.00 for members $70.00 for non-members

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