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: _____

** 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

*****NOTE: ORIGINAL REGISTRATION CERTIFICATE MUST BE SUBMITTED WITH THE REQUEST FOR NAME CHANGE*****