# Paso Fino Horse Association, Incorporated

4067 Iron Works Parkway, Lexington, KY 40511 (859) 689-3700 FAX (859) 689-3702 www.pfha.org

## SIGNATURE AUTHORIZATION FORM

**SIGNATURE AUTHORIZATION ON BEHALF OF:**

Print name of Individual, Minor, Ranch, Farm, Syndicate, Corporation, or Trust | Minor's DOB (if app.) | Membership #

Street Address | City | State/Zip

Above hereby authorizes the person(s) named below to execute documents as specified on behalf of the above Individual, Minor, Farm, Partnership, Syndicate, Corporation or Trust beginning on_____and ending on_____.

- Written notice of cancellation may be submitted prior to the ending date.
- Transfer of ownership or termination of the recorded lease will automatically cancel the signature authorization affecting that particular horse.
- Note: Please be sure to fill in the spaces for beginning and ending date (i.e., until further notice, a specific date, 18th birthdate, etc.)

| Print Name of ALL Authorized Person(s) | Member # | Signature of ALL Authorized Person(s) |
|---|---|---|
| 1) | | |
| 2) | | |
| 3) | | |
| 4) | | |

**AUTHORIZATION FOR:**

_____ All Documents submitted to Paso Fino Horse Association on my behalf

OR CHECK APPLICABLE FORMS BELOW

_____ Registration Application
_____ Breeding Certificates
_____ Stallion Reports
_____ Transfers
_____ Lease Agreements
_____ Show Entry Forms

**HORSES AFFECTED:**

If the above authorization is for only ONE Horse, please list name and registration number.

Name of Horse: _____ Registration #: _____

If no horse has been indicated, it will be assumed that this authorization covers ALL horses owned in all or in part by the above entity or individual.

**PARTNERS, OWNERS, OFFICERS OF AUTHORIZING ENTITY:**

Print name(s), PFHA member number(s), and address(es) of ALL partners, owners, or corporate officers of entity listed in first line above. Listing of an individual in this section WILL NOT constitute authorization unless also listed in appropriate section above. If any additional space is needed, please use reverse side.

1) Name:_____ Member #: _____

Address: _____ City: _____ State/Zip: _____

2) Name:_____ Member #: _____

Address: _____ City: _____ State/Zip: _____

3) Name:_____ Member #: _____

Address: _____ City: _____ State/Zip: _____

4) Name:_____ Member #: _____

Address: _____ City: _____ State/Zip: _____

*NOTE: Failure to list all such persons may subject the person signing the authorization form to possible disciplinary action.*

In executing this authorization form, I represent that I have such ownership or authority as to grant this authorization.

Signature of Individual | Member # | Date