



PASO FINO HORSE ASSOCIATION, INC.

101 N. Collins St. Plant City, FL 33566-3311

813-719-7777

www.pfha.org

SIGNATURE AUTHORIZATION

Print name of Individual, Minor, Ranch, Farm, Partnership, Syndicate, Corporation, or Trust _____ Minor's Date of Birth _____ Membership # _____

Street Address _____ City _____ State / Zip _____

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) _____

Signature of ALL Authorized person(s) _____

- | | | |
|----------|--------------|-------|
| 1) _____ | Mbr. # _____ | _____ |
| 2) _____ | Mbr. # _____ | _____ |
| 3) _____ | Mbr. # _____ | _____ |
| 4) _____ | Mbr. # _____ | _____ |

- _____ ALL documents submitted to Paso Fino Horse Association on my behalf
OR (check applicable forms)
- | | |
|--------------------------------|------------------------|
| _____ Registration Application | _____ Transfers |
| _____ Breeding Certificates | _____ Lease Agreements |
| _____ Stallion Reports | _____ Show Entry Forms |

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

Name of Horse _____ Registration Number _____

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.

PRINT NAMES AND ADDRESSES OF ALL PARTNERS, OWNERS OR CORPORATE OFFICERS. LISTING OF AN INDIVIDUAL IN THIS SECTION WILL NOT CONSTITUTE AUTHORIZATION UNLESS ALSO DESIGNATED AS SUCH ABOVE.

- | | | | |
|----------|-------------|----------|-------------|
| 1) _____ | Mbr # _____ | 2) _____ | Mbr # _____ |
| _____ | _____ | _____ | _____ |
| 3) _____ | Mbr # _____ | 4) _____ | Mbr # _____ |
| _____ | _____ | _____ | _____ |

If additional space is needed, please use reverse side. NOTE: Failure to list all such persons may subject the person signing the authorization form 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 NUMBER _____

DATE _____