

2015 Show Lease Authorization



American Paint Horse Association

Mailing Address: P.O. Box 961023 • Fort Worth, Texas 76161
Physical address: 2800 Meacham Blvd., Fort Worth, Texas 76137
(817) 834-APHA (2742) • Fax (817) 834-3152
www.apha.com • askapha@apha.com

This Show Lease is only for the purpose of establishing ownership eligibility in APHA-approved shows. Amateurs and Youth are eligible to show leased horses per Rule AM-020 and YP-015.

Leasing Your Horse

- ◆ A show lease form and fees must be filed with APHA prior to exhibition of the leased horse.
- ◆ All show leases expire on December 31 of the year submitted, and must be renewed annually to remain in effect.
- ◆ **Alterations or added conditions may make this form unacceptable, and verification may be required.**
- ◆ If the Lessee is a ranch, partnership or corporation, a signature authorization must be placed on file with APHA before this lease can be recorded. All persons listed must meet ownership rules if person exhibiting is an Amateur or Youth. Forms are available from the APHA office or online at apha.com/forms.
- ◆ If this lease is to be terminated prior to the ending date listed, **written notification must be received by APHA giving new termination date and signed by both lessor and lessee.**
- ◆ No transfer may be completed until this lease is expired or terminated, unless the lessee is the buyer.
- ◆ Lessee will receive a certificate from APHA as validation upon completion of lease authorization.
- ◆ **Any points, awards or money earned by the lessee during the lease period will be considered the lessee's. Any Breeders' Trust money earned by the horse during the lease period will be sent to the lessee recorded as of December 31 of that point year. If the lease is terminated prior to December 31, any Breeders' Trust money will be paid out to the current recorded owner as of December 31 of that point year. Breeders' Trust re-enrollment fee must be paid in order to receive Breeders' Trust money.**

Membership

- ◆ To take advantage of member rates, the lessee must have a current membership in the same name listed on the form. Memberships will be issued in the ownership listed on this form. Memberships begin the same month lease is postmarked.
- ◆ For more information, call MemberCare at 817-222-6423 or email askapha@apha.com.
- ◆ Average lease completion times range from two to four weeks, depending on the time of year submitted. The following is required on rush work:
 1. Outside of envelope marked "RUSH"
 2. Daytime phone number
 3. Certified funds or a credit card payment
- ◆ The rush fee will not be refunded.
- ◆ Fees subject to change without notice.

Registered Name of Horse: _____

Registration Number: _____

Beginning Date: _____ / _____ / _____
month day year

Ending Date: December 31, 2015

Leased From (Owner of Record)

Name: _____

APHA ID Number: _____

Address: _____

Daytime Phone Number: _____

Email: _____

Signature: **X** _____

Leased To (Lessee) (must be to an individual only)

Name: _____

APHA ID Number: _____

Address: _____

Daytime Phone Number: _____

Email: _____

Signature: **X** _____

| Fees | (U.S. Funds Only) | Member |
|--|-------------------|--------|
| <input type="checkbox"/> Lease Filing Fee | | \$30 |
| <input type="checkbox"/> Rush Lease (requires an additional) | | \$25 |

Membership Levels

| Adult | Junior (18 or younger) |
|--|--|
| <input type="checkbox"/> One-year—\$40 | <input type="checkbox"/> One-year—\$20 |
| <input type="checkbox"/> Three-year—\$90 | <input type="checkbox"/> Three-year—\$40 |
| <input type="checkbox"/> Five-year—\$150 | <input type="checkbox"/> Junior term—\$100 |
| <input type="checkbox"/> Lifetime—\$500 | Birthdate: ____/____/____ |

Total Amount Due

| | |
|------------------|-----------------|
| Lease Fee: | \$ _____ |
| Rush Fee: | \$ _____ |
| Membership Dues: | \$ _____ |
| TOTAL | \$ _____ |

Check or money order enclosed. **Do not send cash.**
Check Processing Policy: In the event that your check is returned unpaid for insufficient or uncollected funds, we may present your check electronically.

MasterCard Visa American Express Discover

If paying by credit card, please complete the following.

Card No.: _____

Exp. Date: _____ CVV#: _____

Name of Cardholder: _____

APHA ID No.: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____

Signature: **X** _____