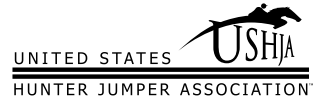


HORSE NAME CHANGE REQUEST

UNITED STATES HUNTER JUMPER ASSOCIATION



USHJA Registered - \$20

USHJA Registration # (See GR 1101, 1102) _____

USHJA Registered Name: (See GR 1107) _____

USHJA New Name Request: _____

Owner Name: (Please Print) _____

Owner Signature: _____

(Guardian signature required for Junior members under 18 years of age.)

Registered Owner USHJA Member ID Number: _____

This form must be submitted with the name change fee on or before the first day on which the recognized competition begins for points to be awarded. (See GR 1107)

PAYMENT INFORMATION *(Do not detach)*

Enter Amount From Above _____

TOTAL AMOUNT ENCLOSED _____

Payment Method (Check One, **PLEASE DO NOT SEND CASH**): Check # _____ Visa Master Card Discover Card AMEX

(Make Check Payable to: United States Hunter Jumper Association)

Card Number: _____ - _____ - _____ - _____

Exp. Date: ____ / ____ / ____ Billing Zip Code: _____

Card Holder's Name (Print): _____ Card Holder's Signature: _____

UPLOAD DOCUMENT IN MEMBER PORTAL AT USHA.ORG OR MAIL APPLICATION AND PAYMENT TO:

UNITED STATES HUNTER JUMPER ASSOCIATION • 3870 CIGAR LANE • LEXINGTON, KY 40511 • PHONE: (859) 225-6700 • FAX: (859) 258-9033 • USHJA.ORG

For Questions Email: membership@ushja.org