

AMERICAN DUTCH HARNESS HORSE ASSOCIATION

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OFFICE USE ONLY				
Check #				
Amount				
Outstanding				
Date Rec.				

NAME CHANGE FORM

	Name of Horse (Please Print)		ADHHA Re	eg./Rec. #
DEIA	1st Name Choice			
ORSE	2nd Name Choice			
Ĭ	3rd Name Choice			
LS	Owner's Name (Please Print)			
DETA	Signature			ADHHA#
Address				
≷ O	Phone # = = = Email			
CONSENT	If the current registered name of the horse includes a prefix of a REGISTERED farm/prefix, consent must be obtained from the registered prefix holder. Prefix Owner's Name (Please Print)			
EFIX				
X	Signature			ADHHA #
E I AILS		MEMBER FEE ☐ \$50	NON-MEMBER FEE	NO APPLICATION WILL BE PROCESSED UNTIL ALL FEES ARE PAID. THE ORIGINAL REGISTRATION CERTIFICATE MUST BE INCLUDED.
ב	PAYMENT INFORMATI	ON 4% added for credit/	/debit	
PAYMEN I DE	☐ Check #	☐ Card #		
A A	Exp. Date /	CCV#	Zip Code	TOTAL FEES \$
	Name on Card Signature			



