



International Gypsy Equine Association Lease Form

Date: _____

Registered Name of Equine: _____

Registration #: _____

Lessor Name (Owner of Record): _____

Address: _____ City: _____

State/Province: _____ Zip Code: _____

Email: _____ Phone: _____

Lease term starts on this date: _____ **Lease ending date:** _____

Type of Lease: Showing _____, Breeding _____

Lessee Name: _____

Address: _____ City: _____

State/Province: _____ Zip Code: _____

Email: _____ Phone: _____

Signature Of Lessor: _____ Date: _____

Signature Of Lessee: _____ Date: _____

Lease Form Record Fee is \$25.00. Email completed Form to: igearegistry@gmail.com PayPal Payment to:
igearegistry@gmail.com Or you can mail completed form to IGEEA Office and pay via Personal Check. **If you live outside of
United States payment with PayPal only. NO REFUNDS.**

Mailing: IGEEA Registry

204 Longview Drive

Jeffersonville, IN 47130

502-414-4432 Monday through Friday 10 a.m. - 6 p.m.

Email: igearegistry@gmail.com

www.igearegistry.com

www.internationalgypsyequineassociation.com

www.minigypsyhorse.com