

**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 Fee is \$25.00. Email completed Form to: igearegistry@gmail.com PayPal Payment to: igearegistry@gmail.com Or you can mail completed file to IGEA Office and pay via Personal Check.

Mailing: IGEA Registry

204 Longview Drive

Jeffersonville, IN 47130

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