

International Gypsy Equine Association
Lease Form

Date: _____

Registered Name of Equine: _____

Registration #: _____

Lessor Name (Owner of Record): _____

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](mailto: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.