

Assignment of Authorized Agent

l,	e print member's name)	, USTA No	, h	ereby appoint
	•	, USTA No	, to	sign on my behalf as my Authorized Agent.
For	e print agent's name)			
	All seconds months	oining to the USTA		
	•	aining to the USTA		
	_ List of Mares I	•		
	_ Foal Registrat	ion only		
For				
	_ All the horses	Iown		
	_ Only the hors	es listed below:		
				Reg No
Effective:	Month	Day	Year	
This assignme	nt of Authorized Age	ent is indefinite. To cancel, p	olease fill out a Cancella	tion of Authorized Agent form.
Signature of USTA member			Date	
Signature of Authorized Agent			Date	

There is no fee to record this information.

Email to memberservices@ustrotting.com.

