

# MINOR Signature Authorization Form



ARABIAN HORSE ASSOCIATION<sup>SM</sup>

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**Instructions:** For the Arabian Horse Association's purposes, all persons under the age of eighteen will be considered minors. This minor authorization form is to be completed by the minor's natural parent or legal guardian. AHA will not assume any obligation to determine whether or not an owner is a minor unless we have been so notified.

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## RECORDED OWNER INFORMATION

Owner/Minor Name \_\_\_\_\_ Owner/Member # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Prov \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail \_\_\_\_\_

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## AUTHORIZATION INFORMATION

The following person(s) is authorized to act on behalf of the recorded owner/minor listed above. This person(s) is authorized to sign all AHA Registry documents pertaining to this ownership or pertaining to the Arabian horses recorded in this ownership, and to deliver such documents to AHA:

\_\_\_\_\_  
**Name** of Authorized Person (type or print)

\_\_\_\_\_  
Title (if applicable)

\_\_\_\_\_  
**Signature** of Authorized Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Name** of Authorized Person (type or print)

\_\_\_\_\_  
Title (if applicable)

\_\_\_\_\_  
**Signature** of Authorized Person

\_\_\_\_\_  
Date

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## AFFIRMATION

I (we) affirm I (we) am the natural parent or legal guardian of the recorded owner/minor listed above, and possess full legal power and authority to make this authorization.

I (we) acknowledge and agree the signature of *any one* authorized person, with or without the signature of the minor, will be sufficient to transact business with AHA on behalf of this recorded owner.

I (we) agree that this authorization will become effective upon receipt by AHA and will remain in effect until a written notice of change or revocation is received by AHA.

\_\_\_\_\_  
Parent or Guardian Name (type or print)

\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
Date