



**American Warmblood Registry
North American Sportpony Registry**

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REQUEST FOR NAME CHANGE OF MY REGISTERED HORSE/ PONY

NAME OF OWNER _____ MEMBER: _____
Non-members pay double fee

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____ COUNTRY: _____

E-MAIL: _____ WEBSITE: _____

PHONE: _____ CELL: _____

NAME OF HORSE/PONY ON CURRENT CERTIFICATE OF REGISTRATION:

Registration #: _____

I HEREBY REQUEST THAT THE ABOVE NAME BE CHANGED INTO:

I am returning the original Certificate of Registration and include payment for the name change: \$50.00 + \$12.00 for additional postage.

____ Check (enclosed) ____ Money Order (enclosed) ____ VISA ____ M/C

Credit Card Number: _____

Expiration Date: _____ / _____ 3-digit security code: _____

Name as it appears on the card: _____

Date/Signature: _____ / _____

Canadian orders must be paid by credit card