New Zealand Western Riding Federation

C/- 49 Feathers Road, RD2 Rangiora Canterbury 7472 secnzwrf@gmail.com www.westernriding.co.nz



Show Lease Form

Horse's Registered Name:	
NZWRF Horse Number:	
ТНІ	E ABOVE HAS BEEN LEASED FROM
Name of Owner:	
Owners Address:	
Owners Phone Number:	
	ТО
Name of Lessee: (Lessee must be an individual and not a co	ompany, trust, partnership etc)
Lessee's Address:	
Lessee's Phone Number:	
TERM O	F LEASE (MUST BE FOR A MINIMUM 1 YEAR PERIOD)
FOR THE PERIOD BEGINNING WITH:	
AND ENDING:	
Understand that for a horse to be shown associated with the care of the horse: gra that during the terms of the showing leas term of the lease, the horse may be show that the term of the lease must be for a material terminated for any reason before the min owner/Lessee applies for Amateur status Understand that NZWRF will not accept o	s of the NZWRF, including but not limited SHW220, SHW225, SHW235 & SHW220. according to a Showing Lease, the lessee must be responsible for the following expenses zing/boarding, feeding, routine farrier services and routine veterinary services. Understate, only the lessee and the lessee's IMMEDIATE FAMILY may show the horse. During the n by other eligible exhibitors in Open division, Level 1 or Rookie classes only. Understand inimum of one year period, and the lease must be to an individual only. If the lease is imum one-year period, notification must be provided to the NZWRF before the new in that same showing season. The recognize as showing lease for those purposes other than those set forth in SHW240, that a Lessee or their agent authorization to use the horse listed for breeding purposes.
Signature of Owner:	Date:
Signature of Lessee:	Date: