

Canadian Shorthorn Association Registry

Phone: 403-717-2581 Fax: 403-253-1704

APPLICATION FOR REGISTRATION OF LEASE

REGISTRATION NUMBER	TATTOO	NAME
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has been leased to:

Name: _____

Street/R.R.: _____

Town/City: _____

CSA Member #: _____

under the following conditions:

from the ____ day of _____, 20____

to the ____ day of _____, 20____

Dated this ____ day of _____, 20____.

From: _____

Signature of Lessor (or authorized representative)

*Partnership or company signatures must be
countersigned by the person authorized to sign.*

To: _____

Signature of Lessee (or authorized representative)

*Partnership or company signatures must be
countersigned by the person authorized to sign.*