

SDRCHA

Stallion Stakes Slot Lease Agreement

SLOT OWNER _____ SLOT #: _____

I hereby agree to the SDRCHA Stallion Stakes Slot held by me to _____
for the nomination year _____.

It is understood that, for the nomination year indicated above, I am leasing my SDRCHA Stallion Stakes Slot as indicated above. I shall retain all rights, privileges, and obligations attached to owning this SDRCHA Stallion Stakes Slot.

Slot Owner Signature _____ Date _____

Address _____

Phone _____ email _____

SIGNATURE OF SLOT OWNER MUST BE NOTARIZED.

Notary Public _____

My Commission Expires: _____ (SEAL)

Slot Lessee Signature _____ Date _____

Address _____

Phone _____ email _____

Return this completed form, the SDRCHA Stallion Stakes Nomination Form, and payment to:

Rhonda S. Nussbaum
SDRCHA
P.O. Box 85311
Sioux Falls, SD 57118

For questions, please call 605-359-9911.