

Michigan Snaffle Bit Association
Slot Transfer Agreement

10415 Territorial Road
Munith, MI 49259

Current Date _____

Slot Year _____ Slot Type: (Circle One) Non-Pro HUS 2YO WP

Slot Owner Information

Slot Owner _____

Address _____

City, State, Zip _____

Phone _____

Cell Phone _____

Social Security # (Slot Owner) _____

I, _____, (Slot Owner) agree to transfer my slot for One (1) year to _____ (Slot Lessee),

Signature of Slot Owner _____ Date _____

Slot Lessee Information

Slot Lessee _____

Address _____

City, State, Zip _____

Phone _____

Cell Phone _____

Social Security # (Slot Lessee) _____

I, _____, (Slot Lessee) agree by signing this agreement to follow all of the Rules and Regulations of the Michigan Snaffle Bit Association Slot agreement for above named slot for the year of _____.

Signature of Slot Lessee _____ Date _____