

THOROUGHBRED BREEDERS' ASSOCIATION OF NEW JERSEY

OWNERSHIP DISCLOSURE FORM

(I, we) own Thoroughbreds for breeding and/or racing in the State of New Jersey in the name of:

Street or Box Number	City, State, Zip
Phone	Fed. I.D. No. or Social Security No.

as a partnership, farm, stable, corporation totaling 100%, or a syndicate consisting of _____ shares owned by the following:

1.	Printed Name	Street or Box Number	% or No. of Shares Owned
(a)	Signature	City, State, Zip	
2.	Printed Name	Street or Box Number	% or No. of Shares Owned
(a)	Signature	City, State, Zip	
3.	Printed Name	Street or Box Number	% or No. of Shares Owned
(a)	Signature	City, State, Zip	
4.	Printed Name	Street or Box Number	% or No. of Shares Owned
(a)	Signature	City, State, Zip	

Individual or individuals holding a combined interest of at least 51% in the above entity must sign under their printed name allowing

_____ to receive all correspondence and **payments** in the name of:
Corresponding Officer's Name

Individual's Name or Name of Entity Street or Box No. City, State, Zip

If payment is to be made to an individual you must give Social Security Number _____

If payment is to be made to other than an individual give Federal ID Number _____

If entity is a breeder or stallion owner, list farm where breeding stock is maintained: _____
Farm Name

Street City, State, Zip Phone

Any change in ownership or change or corresponding officer requires the filing of a supplemental form a time of change.

I agree to serve as corresponding officer for the above named entity and that all facts and signatures are true.

Return to:
THOROUGHBRED BREEDERS' ASSOCIATION OF NEW JERSEY
265 Hwy 36
Suite 1R
W.Long Branch, NJ 07764
(732) 542-8880 FAX (732) 542-8881 e-mail: info@njbreds.com

Signature of Corresponding Officer
Sworn before me on this _____ day of _____ 20

Notary Public