

Louisiana HBPA



Horse Aftercare Opt Out

I, _____, would like to opt out of the Five Dollar (\$5) per start donation to Horse After Care effective today for Bookkeeper account number _____.

Signature

Date

(Please note that for Multi-Owner Entities either all owners must sign below or Authorized Agent for the account must sign above)

Multi-Owner Signature

Date

Multi-Owner Signature

Date

Multi-Owner Signature

Date

Multi-Owner Signature

Date

Multi-Owner Signature

Date

Multi-Owner Signature

Date