

# 2025 RESERVE YOUR NUMBER \$30 For Each Number



## Member Information:

*(If member/owner is a youth, a guardian must sign below)*

AQHA #: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

## Horse Information: *(One form per owner)*

Name: \_\_\_\_\_ AQHA Reg. #: \_\_\_\_\_

Number Requested for 2024: \_\_\_\_\_

Name: \_\_\_\_\_ AQHA Reg. #: \_\_\_\_\_

Number Requested for 2024: \_\_\_\_\_

Name: \_\_\_\_\_ AQHA Reg. #: \_\_\_\_\_

Number Requested for 2024: \_\_\_\_\_

- **All reserved numbers are good for 2025 only.**
- **Must be current SCQHA member.**
- **This form MUST be submitted with payment before numbers are assigned.**

## Payment Options

**Pay By Check:** Checks must be made payable to: SCQHYA  
125 John Deere Rd  
Westminster, SC 29693

## SIGNATURE REQUIRED FOR ALL NUMBER REQUEST:

By signing below, I agree to for my check(s) to be deposited and to abide by all terms and conditions outlined therein. If the check issued is not my check, I agree that I am authorized to issue payment on that party's behalf. I understand that returned checks, will be charged a fee of \$35 and will be immediately turned over to a third-party collection service. After reasonable attempt at contact, dishonored payments/charge backs will be submitted to AQHA as unpaid show bills which may result in suspension. I further agree that I have read and will abide by all statements outlined above or as set forth by SCQHA and SCQHYA.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Guardian for Youth

\_\_\_\_\_  
Printed Name of Signature