

2024 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 2024 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