



South Carolina Quarter Horse Youth Association Intent to Show Form

Completed form and copies are due to Youth Advisor by **April 15**
You must be a current member of South Carolina Quarter Horse Association for this form to be valid.

Name (youth member)	<input type="text"/>		
DOB	<input type="text"/>	Cell-phone	<input type="text"/>
Address	<input type="text"/>		
Horse's registered name (1 form per horse)	<input type="text"/>	Registration #	<input type="text"/>
E-mail address	<input type="text"/>	Youth AQHA #	<input type="text"/>

- | | Yes | No |
|--|-----------------------|-----------------------|
| 1. Are you a current South Carolina Quarter Horse Association Member? | <input type="radio"/> | <input type="radio"/> |
| 2. Do you wish to join the team to NYATT (at Congress)? | <input type="radio"/> | <input type="radio"/> |
| 3. Do you wish to be on the youth worlds team?
*2 show min for each class you would like on a state ticket. | <input type="radio"/> | <input type="radio"/> |
| 4. Are you able to collect a min. of \$250 worth of sponsorships for the team? | <input type="radio"/> | <input type="radio"/> |
| 5. Are you willing/able to do 2 hours worth of volunteer time? | <input type="radio"/> | <input type="radio"/> |

Parent/Guardian information

Name	<input type="text"/>	<input type="text"/>
Phone #	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>

- ☐ State spots will be offered to qualified youth as outlined in the SCQHYA rules. Youth who meet these requirements, but have Nationally qualified, will receive all the same benefits of team membership. If you do not meet the requirements, but there is a class you would like a state spot in, an appeal made be made in writing to the SCQHA board.

Parent/Guardian signature

Date

Youth member signature

Date