

2021 FQHYA Letter of Intent for All American Quarter Horse Congress NYATT

\$15 for first horse/ \$5 for each additional horse

Please fill out one form for each horse (if applicable)

Any FQHYA youth member in good standing who plans to qualify for the AAQHC NYATT Team must pay a \$15 Registration Fee for the first horse and \$5 for each additional horse. All Registration money goes to the team members for expenses. No Refunds will be made if youth does not make the team.

Letters of Intent are due to the youth advisor by July 31, 2021. If Letter of Intent and Registration fees are not submitted by the due date, the position will be filled with the next youth.

Youth Team Financial Support Requirements

1. Must work 6 hours at youth table, fundraising events during the qualifying period or help at FQHA/FQHA sanctioned shows, ie setting trail/jumps, working gate, helping office, etc)
2. Raise \$250 in sponsorships
3. Contribute 2 items to the silent auctions
4. **THE AMOUNT OF FUNDING WILL VARY FROM YEAR TO YEAR AND IS DEPENDENT UPON THE FUNDRAISING EFFORTS OF MEMBERSHIP**

Please circle class(es) that you wish to compete in:

Showmanship
Western Pleasure
Hunter Under Saddle
Barrel Racing

Horsemanship
Reining
Huntseat Equitation

Name: _____

Address: _____

City: _____ Zip Code: _____

DOB: _____ Phone #: _____

Email: _____

Horse's Name: _____

AQHA Registration # : _____

(must include copies of all AQHA/NSBA papers and cards)

Tshirt Size: _____ Coat Size: _____

I have read and understand the current FQHYA rules and requirements for being on the AAQHC NYATT Team. In accepting a position on the FQHYA team, members acknowledge that they will make every attempt to fulfill the responsibilities of being on the team. Members should be sure of their ability to compete in an event prior to accepting the position. Members acknowledge that competing on the team is an honor and that their behavior will be consistent with positively representing FQHA & FQHYA.

Youth Signature: _____ Date: _____

Adult Signature: _____ Date: _____

Please send to: Julie Usoff FQHYA Youth Advisor 10863 Knottingby Drive Jacksonville, Florida 32257

For Office Use Only Date Received: Payment Received: Advisor Signature:
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