



2010 Congress Team Application

Name: _____

—
Address: _____

—
_____ Postal Code: _____

Phone: _____

Fax: _____

Email: _____

Age: _____ Date Of Birth: _____ AQHYA # _____

Parents' Names: _____

Name Of Horse: _____ AQHA # _____

Name Of Owner Of Horse: _____

Grade Level This Fall: _____ Complete Name Of School You Will Attend: _____

—
School Activities And Honors: _____

—
Future Plans Or Career Goals: _____

—
Hobbies: _____

—
Are You Or Have You Ever Been Involved Or Held Office With the OQHVA Or AQHYA
In The Past? If So, State When And In What Capacity: _____

Are You Or Have You Been Involved With Any Other Local Or Provincial Horse Organization? _____ If So, Please List:

Number Of Years You Have Been Riding American Quarter Horses? _____
Have You Attended Or Competed At The All American Quarter Horse Congress In The Past? _____ If Yes, Please Explain: _____

Have You Been A Congress Youth Team Member In The Past? _____
If Yes, Please Explain: _____

Have You Read And Do You Have A Working Knowledge Of The Rules And Regulations Of The AQHYA And OQHYA? _____

Where you able to meet the team requirements of the OQHYA based on the guidelines for the selection of team members? _____ If yes, Please answer and explain below:

- a. Are you a current OQHA/OQHYA member? _____
 - b. Did you volunteer 10 hours or more and acquire \$100.00 in sponsors /or raise \$300.00 in sponsorships for OQHYA? _____ If Yes, Explain: _____
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- c. Did you participate in two or more fundraising events in 2010? _____ If Yes, Explain: _____
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- d. Did you attend two or more OQHYA meetings in 2010? If Yes, State when below: _____
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If Chosen To Be A Team Member, Would You Be Willing To Abide By The Rules And Requirements Set By OQHA, OQHYA And Team Advisors For This Event? _____

Would You Take An Active Role In Preparing For This Event Including Fundraising, Attending Meetings And Exhibiting A Genuine Effort To Work As A Team? _____

Based On Your Experience As A Past Team Member Or Any Other Similar Team Participation, List Any Ideas Or Suggestions You May Have To Help Improve The Congress Youth Team Experience. _____

Please read carefully the guidelines for the selection of the Congress Youth Team. Print clearly and answer all questions to the best of your ability. Attach additional paper if needed. This form will assist in team selection as well as provide a personal commitment from each applicant. Please send a small photo of yourself with this application, as this and some of the information provided above, may be used for publicity on this and other OQHYA events.

Please return the completed application on or before July 30, 2010 to OQHYA Youth Advisor; Kathy M. Patterson 4912 RD 179 R.R. #1 Bornholm, Ontario N0K 1A0.

THE OQHYA AND ADVISOR DO NOT ASSUME RESPONSIBILITY FOR ACCIDENTS OR INJURY CONCERNING HORSE OR APPLICANT, NOR LOSS OR DAMAGE OF PERSONAL PROPERTY. HOWEVER, PRECAUTIONS WILL BE TAKEN TO ASSURE THE SAFETY OF EVERYONE INVOLVED AND TRY TO MAKE IT A MEMORABLE EXPERIENCE.

Date: _____

Signature Of Applicant: _____

Signature Of Parent Or Guardian: _____