

HARDSHIP APPLICATION

Please fill in all information completely. Signatures listed below must be obtained and the application must be returned **NO LATER THAN MAY 31, 2008 (NO EXCEPTIONS)**.

AQHYA ID Number: _____

Name of applying youth: _____

Address: _____

City, State, Zip: _____

Phone: _____

Name of Parent (s): _____

State to which you are applying: _____

I hereby certify that I am a current member of the American Quarter Horse Youth Association and all information supplied on this form is true and correct. I understand that by applying, I will be considered for approval to represent a state/province other than my state/province of residence during the AQHYA World Championship Show and upon approval must comply with the qualifying guidelines of that state/province and may not represent my own state/province. I also understand I must apply each year for approval.

Youth's signature (blue or red ink only): _____

Date: _____

I do hereby consent for my minor son/daughter to apply for a change of affiliation of state/province representation during the AQHYA World Championship Show, and in so applying and upon approval by AQHYA, I understand that my son/daughter must comply with the qualifying guidelines of that state/province and may not represent our home state/province.

Parent's signature (blue or red ink only): _____

Date: _____

I hereby certify that I am the current AQHYA state/provincial youth advisor, according to AQHA records, for the state of _____, which is the state of residence of the above named youth. I am aware and have informed my membership that this youth has applied to change state/provincial affiliation for the AQHYA World Championship Show.

State/Province of Residency Youth Advisor's signature (blue or red ink only): _____

Date: _____

I hereby certify that I am the current AQHYA state/provincial youth advisor, according to AQHA records, for the state of _____, which is an alternate state/province for the youth's state/province of residence. I am aware and have informed my membership that this youth is seeking approval to represent this state/province during the AQHYA World Championship Show and agrees to conform to state/provincial qualifying guidelines. Further, I also certify that this application meets with the approval of the youth membership of this state/province.

State/Province of Application Youth Adviser's signature (blue or red ink only): _____

Date: _____

Reason for applying:

Name (s) and registration number (s) of horse (s) you have shown in 2007 and 2008:

NAME

NUMBER

CLASS(ES)

| NAME | NUMBER | CLASS(ES) |
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**Late applications, incomplete applications, and faxes/electronic copies
will not be accepted!**

**Return to: American Quarter Horse Association
Attn: Angela Sheffield
PO Box 200
Amarillo, TX 79168**