

## Kentucky Quarter Horse Youth Association Standing Committees 2011

What follows is a short description of the standing committees of our association. The more active the participation on these committees, the better our association will be. Please indicate your interest in participating on one or more, by placing a check in the box adjacent to the description. Make sure you complete the member information section at the bottom.

- € **Community Action Committee.** There are a number of community action service activities that would be appropriate for the KQHYA to support. Programs for those with handicaps, nursing homes, community based youth program are just a few examples. What should we be supporting and in what form should that support take? Monetary donations? Volunteer time? How do we give back to those less fortunate?
  
- € **Membership Committee.** The strength of associations is in identifying, retaining, and reaching out to its members. How does KQHYA accomplish that?
  
- € **Scrapbook Committee.** Our predecessors have kept a historical record of the KQHYA. It is our responsibility to keep the same for those that follow. In addition, there is a Scrapbook competition at the AQHYA World Show. This is our opportunity to inform other youth associations and AQHA as to our activities here in Kentucky.
  
- € **Fund-Raising Committee.** Our predecessors have kept a historical record of the KQHYA. It is our responsibility to keep the same for those that follow. In addition, there is a Scrapbook competition at the AQHYA World Show. This is our opportunity to inform other youth associations and AQHA as to our activities here in Kentucky.
  
- € **World Show Committee.** The KQHYA sends a team to the AQHYA Youth World Show each year. A major responsibility of this committee is planning stall designs, team clothing, and coordinating activities for the week of events.
  
- € **Shows & Clinics Committee.** This committee will be the liaison group responsible for working with the Amateur Association and the KyQHA in conducting our Affiliate shows and educational events

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Fax (if available) (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Return this form to:  
KyQHYA, PO Box 23917, Lexington, KY 40523-3917