

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 other than my state of residence during the AQHYA World Championship Show and upon approval must comply with the qualifying guidelines of that state and may not represent my own state, except in the case where I may earn the minimum points to be considered a national qualifier and must then represent my home state in all events I wish to enter. 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 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 and may not represent our home state.

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

Date: _____

I hereby certify that I am the current AQHYA state 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 affiliation for the AQHYA World Championship Show.

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

Date: _____

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

State 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)
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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**