

RMQHYA

ROCKY MOUNTAIN QUARTER
HORSE YOUTH ASSOCIATION

PARTICIPATION FORM

Youth Member: _____
Event: _____
Date: _____
Time/Hours: _____
Supervised By: _____
Contact Number: _____
Supervisor Comments: _____

Youth Comments: _____

Form must be filled out completely to receive credit.

Participation form must be received by October 1st, 2017

Youth 14 – 18 must complete 4 hours of participation, Youth 13 & Under must complete 3 hours of participation.

Return To:

Jodie Witt

15244 Singletree Dr.

Mead, CO 80542

970-222-3922

Jodie.witt@outlook.com

Date received: _____ Posted: _____