

RMQHYA

ROCKY MOUNTAIN QUARTER
HORSE YOUTH ASSOCIATION

FUNDRAISER FORM

Youth Member: _____

Event: _____

Date: _____

Amount Fundraised: \$ _____

*Minimum of \$75 must be raised to meet year end requirements!

Supervised By: _____

Contact Number: _____

Supervisor Comments: _____

Youth Comments: _____

Form must be filled out completely to receive credit.

Fundraiser form must be received by October 1 of current year

Return To:

Due by October 1st

Return To Jan Guynn

RMQHA Office

22 S. 4th Ave, Ste 306

Brighton, CO 80601

303-659-7752

office@rmqha.com AND guynntraining@gmail.com

Date received: _____

Posted: _____