

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 1, of current year

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

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: _____