AQHA Youth World Show Declaration Form

Name: _____ **Birth Date:** _____

AQHA #: _____

Address: _____

Horse Name:_____

Horse AQHA #: _____ **Foal Year:** _____ **Sex:**_____

Owner: _____ **Owner's AQHA #:**_____

Contact Email: _____ **Phone:** _____

Please list the classes you would like to qualify for through the State below.

Be sure to include the Level, Age Grouping, and Class Name.

Ex: L2- 13 & Under Ranch Riding

Class(es):

_____

_____

_____

_____

_____

_____

_____

_____

Please return form to Youth Advisor April 30th, 2024
Arizona Quarter Horse Youth Association
515 E Care Free Hwy PMB 405
Phoenix, AZ 85085
youth@azqha.org
Late &/or incomplete forms will not be accepted!