

2012 ILLINOIS QUARTER HORSE YOUTH ASSOCIATION NOMINATION FORM

Please note Youth Membership is separate from ILQHA adult or family membership

Date _____

AQHYA Member Number _____ Exp date _____

Name _____

Address _____

County _____ Home Phone () _____

Parent cell phone () _____ Youth cell phone () _____

Youth email _____

Parent email _____

Birth Date _____ Grade in school: Fall 2011/Spring 2012 _____

Are parents/guardians members of ILQHA? yes ___ no ___ *(needed for mailing purposes)*

Horse Name	Reg #	Foal Yr
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**Mail to: IQHA
PO Box 730, Batavia, IL 60510**

Points for year end awards will begin to count once nomination form is received.