



2019 Congress Team Application  
to be completed in FULL

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ AQHYA # \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Name of Horse: \_\_\_\_\_ AQHA # \_\_\_\_\_

Name of Owner of Horse: \_\_\_\_\_

Grade Level This Fall: \_\_\_\_\_

Name of School You Will Attend: \_\_\_\_\_

School Activities and Honors: \_\_\_\_\_

\_\_\_\_\_

Future Plans Or Career Goals: \_\_\_\_\_

\_\_\_\_\_

Hobbies: \_\_\_\_\_

\_\_\_\_\_

Are You Or Have You Ever Been Involved Or Held Office With the OQHYA Or AQHYA In The Past? If So, State When and In What Capacity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are You Or Have You Been Involved With Any Other Local Or Provincial Horse Organization? If So, Please List: \_\_\_\_\_

\_\_\_\_\_

Number of Years You Have Been Riding American Quarter Horses? \_\_\_\_\_

Have You Attended Or Competed At The All American Quarter Horse Congress In The Past?

\_\_\_\_\_ If Yes, Please Explain: \_\_\_\_\_

\_\_\_\_\_

Have You Been A Congress Youth Team Member In The Past? \_\_\_\_\_

If Yes, Please Explain: \_\_\_\_\_

\_\_\_\_\_

Have You Read And Do You Have A Working Knowledge Of The Rules And Regulations Of The AQHYA And OQHYA? \_\_\_\_\_

Where you able to meet the team requirements of the OQHYA based on the guidelines for the selection of team members? \_\_\_\_\_

If yes, Please answer and explain below:

- a. Are you a current OQHA/OQHYA member? \_\_\_\_\_
- b. Did you volunteer 10 hours or more and acquire \$100.00 in sponsors /or raise \$300.00 in sponsorships for OQHYA? \_\_\_\_\_ If Yes, Explain: \_\_\_\_\_

Note: Sponsor money is to be submitted with this application. An additional minimum fee of \$150.00 is required of team members following team selection.

- c. Did you participate in two or more fundraising events in 2019? \_\_\_\_\_ If Yes, Explain: \_\_\_\_\_

- d. Did you attend two or more OQHYA meetings in 2019? If Yes, State when below: \_\_\_\_\_

If Chosen To Be A Team Member;

Would You Be Willing To Abide By The Rules And Requirements Set By OQHA, OQHYA And Team Advisors For This Event? \_\_\_\_\_

Would You Take An Active Role In Preparing For This Event Including Fundraising, Attending Meetings And Exhibiting A Genuine Effort To Work As A Team? \_\_\_\_\_

Based On Your Experience As A Past Team Member Or Any Other Similar Team Participation, List Any Ideas Or Suggestions You May Have To Help Improve The Congress Youth Team Experience. \_\_\_\_\_

Please read carefully the guidelines for the selection of the Congress Youth Team. Print clearly and answer all questions to the best of your ability. Attach additional paper if needed. This form will assist in team selection as well as provide a personal commitment from each applicant.

Please return the completed application on or before July 26, 2019 by e-mailing it to

[hrobinson@bmts.com](mailto:hrobinson@bmts.com) or mailing it to OQHYA Congress Team Advisor:

Holly Robinson 236 Wieck Blvd Kincardine ON N2Z 0A9 Phone (519)389-8494

THE OQHYA AND ADVISOR DO NOT ASSUME RESPONSIBILITY FOR ACCIDENTS OR INJURY CONCERNING HORSE OR APPLICANT, NOR LOSS OR DAMAGE OF PERSONAL PROPERTY. HOWEVER, PRECAUTIONS WILL BE TAKEN TO ASSURE THE SAFETY OF EVERYONE INVOLVED AND TRY TO MAKE IT A MEMORABLE EXPERIENCE.

Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_