



## Contact Information Form

Youth Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

Parent Name: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Best Phone Number to Contact Parent: \_\_\_\_\_

Showing Age Division (13 and under or 14-18): \_\_\_\_\_ School: \_\_\_\_\_

Youth Cell # \_\_\_\_\_ Youth Email: \_\_\_\_\_

Which Events do you compete in: \_\_\_\_\_

\_\_\_\_\_

Interested in competing on OMIQHYA NYATT: \_\_\_\_\_

Horse Name(s): \_\_\_\_\_

\_\_\_\_\_

Do You have a Trainer? Name: \_\_\_\_\_

Which Committees are you interested in serving on: Check which ones

Congress/NYATT: \_\_\_\_\_ Fundraising: \_\_\_\_\_ Social: \_\_\_\_\_ Membership: \_\_\_\_\_

Complete and Return to the Youth Advisors