Kansas Quarter Horse Association

Horseback Riding Program

Please Complete for each KQHA HBR Program Participant

Name:
Address:
Email:
Primary Phone: Secondary Phone:
Address:
Youth Date of Birth:
Youth Parent/Guardian Name & Contact:
Division: Adult (19 & Over) (18 & Under)
Are you a current KQHA member? Yes No
Are you a current AQHA member? Yes No
Are you currently enrolled in the AQHA Horseback Riding Program? Yes No
HBR Program Notes
• Annual membership in KQHA is required for each HBR participant. Membership forms can be found at KQHA.com.
• Year-end awards will be presented to the top three highest logging participants in the Adult division and in the Youth division.
Horseback Riding Program rules and log sheets are posted on our website at KQHA.com.
 All memberships and HBR program enrollment expire on December 31. When sending membership and enrollment forms and fees, please make checks payable to KQHA.com.
Send this completed form and the \$15 HBR fee, plus membership form and fees

if not already a KQHA member, to:

P.O. Box 750588, Topeka, KS 66675

(785)224-0729 kqhaoffice@gmail.com

KQHA.com * KAQHA.com * KQHYA.com



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To be eligible for year-end awards, BOTH the registered horse owner AND the exhibitor must be members of KQHA in order for year-end points to be accumulated. Only points accumulated after membership has been received will count. This includes horses leased by an exhibitor with a current show lease on file with AQHA. More information on all requirements can be found at KQHA.com. Additional requirements may be required by youth members to participate in the Youth Excellence Seminar, AQHYA World Show and Congress NYATT. Please see the youth website at KQHYA.com for additional information.

Memberships expire December 31.

 \Box Single Membership = \$20 (any age person or business)

□ Family Membership = \$60 (immediate family household with up to 2 adults + children 18 & under)

KQHA Horseback Riding Enrollment = \$15 per person (KQHA membership required to participate.)

Adult Name:	Amateur Birthdate:	
Email:	Phone:	
Adult Name:	Amateur Birthdate:	
Email:	Phone:	
Youth Name:	Birthdate:	
Youth Name:	Birthdate:	
Youth Name:	Birthdate:	
Address:		
If youth is a single membership, please provide the parent/guardian name and contact information:		
Name:	Phone:	
Address:	Email:	
I consent to having my youth's image used on social media and for marketing purposes Yes No		
My check is enclosed in the amount of <i>or</i>		
Please charge my credit card the amount of A 4% processing fee will be charged.	Office Use Only Received Date:	
VisaMastercard Expiration:SVC:	Recorded:	
Card Number:	Mailed:	