2010 Novice Youth Renewal Application

American Paint Horse Association
P.O. Box 961023 ◆ Fort Worth, Texas 76161-0023
(817) 834-APHA (2742), extension 436 ◆ Fax (817) 222-8489
ajpha.com ◆ youth@ajpha.com

COMPLETE APPLICATION IN FULL.
For eligibility requirements see rule YP-205.
Omitting information will delay processing.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

APHA ID#: _____

Fee Schedule

Fees are payable in U.S. funds only.
Normal processing time is approximately 3 weeks.
Novice Youth cards expire on December 31, 2010.
All exhibitors must be current AjPHA members in order to be eligible to show.

☐ **Novice Youth Card** $15 _____
Current AjPHA Member rate

☐ **Novice Youth Card and** $35 _____
1 year AjPHA Membership

☐ **E-mail (w/attachment)/Fax Fee:** $5 _____
E-mail/Fax No.: _____

☐ **Additional Rush Fee** $25 _____
Rush fee is recommended if card is needed in less than 3 weeks.
Need card by: _____
Note: This date is not guaranteed. E-mail/Fax fee not included.

TOTAL AMOUNT DUE $ _____

Payment Must Accompany Renewal Application

☐ **Check** ☐ **Money Order**

☐ **VISA** ☐ **MasterCard** ☐ **American Express**
If you pay by check, it may be converted into an electronic funds transfer.

Please complete credit card information:

_____
Credit Card Number

_____ _____
Expiration Date CVV#

_____
Name on Card

_____
Signature

Return this form to:

American Paint Horse Association
Attn: Director of Youth Activities
P.O. Box 961023 ◆ Fort Worth, Texas 76161-0023
(817) 834-2742, ext. 436 ◆ Fax (817) 222-8489
ajpha.com ◆ youth@ajpha.com

Rev.: 10/09

Please answer all questions. Any incomplete information will delay processing.

In submitting this application for the Novice Youth program, I affirm that the information I have listed is correct. I understand that my Novice Youth status is revocable. By signing this application, I accept responsibility for knowledge of APHA rules regarding the Novice Youth program.

Signature of Youth: _____

Birth Date: _____

Signature of Parent/Guardian: _____

Daytime Phone Number: _____

E-mail: _____

Name of Horse(s): _____

Owner(s): _____

Relationship to all Owner(s) : _____
See Rule YP-015.A. (If not related, state "No Relation")

Applicants MUST complete the following:

1) Have you competed in equine competition/shows at any time?
☐ No ☐ Yes
2) If yes, please circle all that apply: Open Shows, 4-H, APHA, AQHA, POA, PtHA, ApHC, IBHA, PHBA, AHA, AMHA, ABRA, NCHA, NRHA, NRCHA, NSBA, USEF, Other: _____
3) Have you ever won a World or Reserve World Champion title in any equine association?
☐ No ☐ Yes, list class(es): _____
4) Please list **ALL lifetime performance points and money** you earned from other equine associations or in APHA Open competion. *If only* APHA Novice Youth/Youth points have been earned, *please state*: *"Novice Youth/Youth points only." If no* points or money have been earned, *please state*: *"None earned."*

Horse Name	Breed	Registration Number	Class	Points Earned	Money Earned

Note: APHA reserves the right to check all breed/equine registries for any points, money and titles earned.