

# 2015 MQHYA Letter Of Intent – NYATT TEAM



## NYATT Deadline – postmarked, emailed or faxed by June 15

This letter will serve as notice to the MQHYA, of the intent of the undersigned to participate in the National Youth Association Team Tournament (NYATT) representing the Michigan Quarter Horse Association. This letter will only apply to one American Quarter Horse. The Youth that is referred to in this letter agrees to and understands the following:

1. The Youth must be a member of MQHA and AQHA.
2. The Youth will participate in a minimum 3 MQHYA Board Meetings within the current calendar year.
3. The Youth will pay all fees assessed to MQHA by OQHA for showing this horse (stall, tack stall, entry fees, cattle fees and any other fees for the classes the Youth will participate in).
4. **The items listed below must be fulfilled to be considered for a spot on the NYATT team:**
  - a. **The Youth (not a substitute) must participate in five hours of community service with documentation provided, or two hours if the requirement of five hours was already fulfilled as a member of the World Show Team.**
  - b. **The Youth (not a substitute) must volunteer five hours for Michigan Quarter Horse Association, or two hours if the requirement of five hours was already fulfilled as a member of the World Show Team, or supply \$200 in fundraising, above the normal fundraising done by the Youth association, with documentation, by the deadline.**
  - c. **A biography (resume) needs to be turned in via mail, email or fax by the deadline.**
  - d. **A separate photograph of good quality, for reproduction in the MQ Journal, must be turned in via mail or email by the deadline.**
  - e. **The completed Letter of Intent must be turned in via mail, email or fax, by the deadline.**
5. The Youth agrees to patronize the MQHYA sponsors to the best of their ability.
6. The Youth understands that there are fundraisers to offset the cost of these trips. The Youth should contact the Youth Advisor for more information.
7. For the NYATT, Youth will be chosen based on their point standings through the Harbor Classic. All of their point totals that are not on school days will be used to tabulate the qualifying points. Two (2) youth will be chosen for each offered class.
8. To be fair to all Youth involved, if a Youth accepts a position on a team and does not show in their class without prior written approval of the team Advisor, they will not be eligible for participation on that team the following year.
9. Youth interested in a spot on the NYATT team will participate in the required NYATT meeting in August. The date and time will be announced.
10. The Selection Committee and the Youth Advisor will fill all classes with any MQHYA member who is a Michigan resident. If the class is not able to be filled in this manner, then any MQHYA member may be selected.
11. If a Youth is asked to fill open vacancies for NYATT, they are required to provide items c, d and e above in addition to volunteering two hours at any MQHA approved event and supply \$50 in fundraising money.
12. The Youth agrees to abide by all team rules supplied to them in advance of these shows.
13. The Youth Advisor and the Selection Committee may waive any of the requirements above for any special conditions that may arise from a Youth participant provided that the exception is approved by both the MQHYA and MQHA Board of Directors.

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ AQHA #: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Exhibitor NSBA #: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Jacket Size: \_\_\_\_\_

Name of Horse \_\_\_\_\_ Registration #: \_\_\_\_\_ Owner NSBA # \_\_\_\_\_

Owner of Horse: \_\_\_\_\_ Phone #: \_\_\_\_\_

Owner Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

List class(es): \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

The undersigned agrees to comply with any and all rules and decisions set forth by the MQHA board, MQHYA board, and the MQHYA Selection Committee.

Signature of Youth \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_