

**APPLICATION FOR
REGION 10 YOUTH DIRECTOR**

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____

PHONE _____ FAX _____ EMAIL _____

REGION 10 CLUB _____

ACTIVITIES WITH HORSES (LAST THREE YEARS)

SCHOOL ACTIVITIES (LAST THREE YEARS)

ASSOCIATION WITH CLUBS (LAST THREE YEARS)

WHY I WOULD LIKE TO BE THE REGION 10 YOUTH DIRECTOR

APPLICANT SIGNATURE_____

As a parent or guardian I am willing to support my youth member in this endeavor

PARENT OR GUARDIAN SIGNATURE_____

WHY I WOULD RECOMMEND THIS YOUTH FOR REGION 10 YOUTH DIRECTOR.

AN ADULT ASSOCIATE SIGNATURE (teacher, AHA club president, trainer AHA club youth coordinator)_____