

# 2022-2023 Youth Council Application



Name \_\_\_\_\_

Age \_\_\_\_\_ AMHA Membership # \_\_\_\_\_

Phone # \_\_\_\_\_

Email: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Barn Affiliation (If any): \_\_\_\_\_

Why would you like to be part of the AMHA Youth Council?  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently involved in any other AMHA Youth Programs?

\_\_\_\_\_  
If so, Which ones? \_\_\_\_\_

What would are some goals you would like to see that Council Accomplish once you are a member?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below you are acknowledging the above information is current and correct.

Applicant Signature: \_\_\_\_\_

Parent/Guardian Signature (if under 18)  
\_\_\_\_\_

Please send completed application to [nicole@morganhorse.com](mailto:nicole@morganhorse.com)

For more info please email or call Nikki Scovotti; [nicole@morganhorse.com](mailto:nicole@morganhorse.com), (859)448-5109