

2024-2025 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

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