AMHA TEAMS APPLICATION

Team Name & Contact Information

Team Name: _____

Team Leader: _____

Team Leader E-mail: _____

Team Leader Facebook Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Phone: _____ Team Leader AMHA #: _____

Number of Team Members: _____

Fees & List of Members

Please enclose an application fee of $35. Checks can be made to AMHA.
Please attach a list (available on the following pages) of the names, ages, address, and AMHA membership number of all team members.

Please send application, list of members and application fee to

AMHA, Attn: Nikki Dumas, 4037 Iron Works Pkwy, Ste 130, Lexington, KY 40511-8508
Any questions, please contact Nikki at nicole@morganhorse.com or (802) 985-4944 ext. 404

TEAM MEMBERS

NAME	AGE	EMAIL	AMHA #

INDIVIDUAL TEAM MEMBER POINT LOG

Please hand in this completed log to your Team Leader at each meeting.

MEMBER NAME: _____ **TEAM NAME:** _____

DATE	TASK	TEAM LEADER INITIALS	POINTS

TOTAL POINTS (Please add from points column above): _____

TEAM POINT LOG

Please turn this completed sheet, along with all Individual logs from your members, into AMHA at each quarterly deadline.

TEAM LEADER: _____ **TEAM NAME:** _____

DATE	TASK	TEAM LEADER INITIALS	POINTS

TOTAL POINTS (Please add from points column above): _____