

## KENTUCKY MINIATURE HORSE BREEDERS CLUB YOUTH INCENTIVE PROGRAM FUNDED BY THE KMHBC

## Youth Nomination Form

1. I am a member of AMHA & KMHBC. 2. Youth/horse combination must be nominated by December 1 of the year that the horse is being shown and is good for each year that this youth/horse combination is shown. 3. Attached is a copy of my AMHyA card. 4. The nominated horse must be owned by the youth or their mother, father, brother, sister, aunt, uncle, legal guardian, grandparent, step-parents, step siblings, step grandparents or family-owned corporation, ranch or farm. 5. Attached is a color copy front & back of the AMHA Certificate of Registration for above horse.  By signing below, I acknowledge that I have read and agree to the statements above.  Signature of Youth  Date  My child has my permission to participate in the KMHBC Youth Incentive Program. Monies earned by the youth will be payable in the name he youth.  Signature of Parent/Guardian  Date	Name of Youth:		
Phone: Home	Address:		
Email:  KMHBIF Nominated Horse's Registered Name:  AMHA Registration No.:  Youth AMHyA#:  Owner's Name:  Youth's relationship to Owner:  Owner's Address:  City:  State:  Zip:  Owner's Phone: Home  Cell  Fax  Email:  Statements of KMHBC Compliance:  1. I am a member of AMHA & KMHBC.  2. Youth/horse combination must be nominated by December 1 of the year that the horse is being shown and is good for each year that this youth/horse combination is shown.  3. Attached is a copy of my AMHyA card. 4. The nominated horse must be owned by the youth or their mother, father, brother, sister, aunt, uncle, legal guardian, grandparent, step-parents, step siblings, step grandparents or family-owned corporation, ranch or farm.  5. Attached is a color copy front & back of the AMHA Certificate of Registration for above horse.  By signing below, I acknowledge that I have read and agree to the statements above.  Signature of Youth  Date  My child has my permission to participate in the KMHBC Youth Incentive Program. Monies earned by the youth will be payable in the name by youth.	City:	State:	Zip:
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Youth AMHyA#:	AMHA Registration No.:		
Owner's Name:			
City: State: Zip:			to Owner:
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No Nomination Fee.	Signature of Parent/Guardian	D	ate
	No Nomination Fee.		

Please mail completed form to: Kentucky Miniature Horse Breeders Club 15218 Abington Ridge Place Louisville, KY 40245

form. Incomplete forms will not be processed. This form will not be accepted without the signature of the

OFFICE USE ONLY
DATE PROCESSED
PROCESSED BY

Parent/Guardian.