SELECT AMATEUR DESIGNATION FORM

Printed Member Name: _____

By signing this form, I agree to the following:

- 1. For the show season of 20____, I request that all of my NDAQHA points earned in the Amateur Division be transferred to the corresponding class in Select Amateur Division for the purposes of calculating my NDAQHA Year-End Award(s) in the Select Division. This transfer will only apply when Amateur and Select Amateur classes are combined at a show, or when a Select Amateur Class is not offered at a show.
- 2. I understand that I am <u>not</u> eligible to earn <u>NDAQHA</u> points in both the Amateur and Select Amateur Divisions in corresponding classes.
- 3. This request will be effective as of the date below and will not be retroactive. This designation will expire on October 31 of the above noted year. A new designation form will need to be completed for the next show season. In the event a Select Amateur Designation Form is not completed and on file with the Point Secretary, any NDAQHA points earned will be calculated in the division in which they are earned.

Signature:											Date:					
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RETURN FORM TO:

Katie Beaudine 14188 SW Turtle Lake Road Lake Park, MN 56554 secretary@ndqha.com

Forms may also be e-mailed to ndqhainfo@gmail.com