

# NDQHYA

NORTH DAKOTA QUARTER HORSE  
YOUTH ASSOCIATION

## North Dakota Congress NYATT Team Letter of Intent

Youth Name: \_\_\_\_\_ Year of Show: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Listed below are the classes that are available for qualification at NDQHA Shows. Please number the classes in order of preference that you would like to show in at the Congress NYATT Show. If you do not want to show the class, leave the line blank.

Western Pleasure \_\_\_\_\_

Showmanship at Halter \_\_\_\_\_

Hunt Seat Equitation \_\_\_\_\_

Reining \_\_\_\_\_

Western Horsemanship \_\_\_\_\_

Barrel Racing \_\_\_\_\_

Hunter Under Saddle \_\_\_\_\_

Would you be willing to be an alternate? YES NO (Please circle one)

NEXT PAGE---□

I, \_\_\_\_\_ (youth name), am going to try to qualify for the North Dakota Congress NYATT Team in the classes marked above. I realize that qualification for the NYATT Team is governed by the NDQHYA NYATT Qualifying Rules.

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_ (parent/guardian name), give permission for my NDQHYA member to attempt to qualify for the North Dakota NYATT Team in the classes above. I realize my youth has to meet the requirements of the NDQHYA NYATT Team Qualifying Rules. **A \$35.00 Non-Refundable fee, per youth**, must accompany this form. If the fee is not enclosed, the youth will not be able to exhibit in the qualifying classes.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return by July 1<sup>st</sup> to Maggie Waslaski, NDQHYA Advisor, by mail or in person.**

**Maggie Waslaski**  
**7746 2nd St. N**  
**Moorhead MN, 56560**  
**(701)-318-1932**  
**[mgwaslaski@gmail.com](mailto:mgwaslaski@gmail.com)**