KEYSTONE QUARTER HORSE ASSOCIATION
MEMBERSHIP APPLICATION

Name:_____
(last) (first) (initial)
Address:_____
City:_____State:_____Zip:_____
Phone:_____Email:_____

Membership $30

Annual Awards will be presented at the 2019 Keystone Showdown

*Owner and Exhibitor must be KQHA member in order to be eligible for Annual Awards

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ANNUAL AWARDS NOMINATION ENTRY FORM

Horse's Name:_____ AQHA Reg.#_____
Owner's Name_____ AQHA #_____
Address:_____City:_____State:_____Zip:_____
Phone:_____ Email:_____

DIVISIONS:

____$25 Open Name:_____ AQHA#_____
____$25 Amateur Name:_____ AQAM#_____
____$25 Amateur Select Name:_____ AQAM#_____
____$20 Novice Amateur Name:_____ AQNovAM#_____
____$20 Rookie Amateur Name:_____ AQNovAM#_____
____$20 Small Fry Name:_____
____$0 Lead Line Name:_____

ALL AROUND: _____$10 Open _____$10 Amateur

HI POINT: _____$10 Select Amateur _____$10 Novice Amateur

_____$10 Small Fry _____$10 Rookie Amateur

$_____TOTAL

$_____Donation to the KQHA Scholarship Fund.

$_____GRAND TOTAL DUES, NOMINATIONS & SCHOLARSHIP FUND DONATION

CHECK #_____

Please make check payable to: KQHA c/o Rochelle Mausteller
184 E 1st Street Watsontown, PA 17777
Phone : 570-538-9312 Email: rpb1111@hotmail.com