



SASKATCHEWAN REINING HORSE ASSOCIATION
YOUTH INCENTIVE PROGRAM REGISTRATION

YEAR: _____

Name of Youth: _____

Parents/Guardians: _____

Date of Birth: _____

Mailing Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

HORSE INFORMATION

Registered Name of Horse: _____

Owner: _____

Mare Gelding Stallion

Breed: _____ Year Foaled: _____

Sire: _____ Dam: _____

SASKATCHEWAN REINING HORSE ASSOCIATION
YOUTH INCENTIVE PROGRAM POINTS COLLECTION

Volunteer Hours – REQUIRED 20 points

<i>DATE</i>	<i>SHOW</i>	<i>LOCATION</i>	<i>VOLUNTEER ACTIVITIES</i>	<i>SIGNATURE OF SHOW OFFICIAL</i>

Shows

<i>DATE</i>	<i>SHOW</i>	<i>LOCATION</i>	<i>CLASSES ENTERED</i>	<i>SIGNATURE OF SHOW OFFICIAL</i>

Clinics (Maximum 20 points per year)

<i>DATE</i>	<i>TYPE OF CLINIC</i>	<i>HOST</i>	<i>LOCATION</i>	<i>NAME OF INSTRUCTOR</i>	<i>SIGNATURE OF CLINIC OFFICIAL</i>