

Regional Show Experience Youth Team Tournament LETTER OF INTENT

DEADLINE: This form must be submitted to the Youth Advisor by June 1, 2010.

The Regional Show Experience Youth Team Tournament will be held during the Region 6 Championship Show scheduled for July 8-11, 2010. The classes are scattered throughout the show schedule, so please check the Show Schedule when it is posted on WWW.R6AQHA.COM Website.

Associations will be allowed to enter ONE team in each class. Each team is limited to three (3) members. Each member of the winning team in each class will receive a prize. Members of the team may be selected from the Walk-Trot, Novice, or Youth divisions. And please note there is a class for Lead line! (Subject to change if Region 6 Amends Tournament Rules.)

If you wish to participate, and meet the requirements below, **CQHYA will pay for your class.**

RSE YTT ELIGIBILITY:

- Must be a member in good standing of CQHYA.
- Must live in Region 6.
- Member is NOT required to be a resident of the State of Connecticut. However, if qualified in two states, member must choose which team to go with.
- Team will be selected according to the CQHA points earned at the April and May FCF shows (no school days will be used.) Any ties will be broken based on the decision of the CQHYA Board.

[] I have met the RSEYTT Guidelines and request to participate in the 2009 RSEYTT in the class(es) listed below in order of preference:

- (1) IN THE FIRST SPACE, PLEASE NUMBER CLASSES IN ORDER OF PREFERENCE**
(2) IN THE SECOND SPACE, PLEASE NOTE THE DIVISION. FOR EXAMPLE, IF YOU WISH TO COUNT YOUR NOVICE SHOWMANSHIP CLASS, PUT AN 'N' ON THE LINE. Walk/trotters, put WT.

Pref.	DIV		Pref.	DIV	
_____	_____	Showmanship	_____	_____	Lead Line
_____	_____	Horsemanship	_____	_____	Reining
_____	_____	Equitation	_____	_____	Hunter Hack
_____	_____	Western Pleasure	_____	_____	Barrels
_____	_____	Hunter Under Saddle			

Name: _____ D.O.B. ____/____/____

Email address: _____

Address: _____ Phone: (____) ____-____

City: _____ State: _____ ZIP: _____

Registered name of horse: _____ Registration #: _____

Signature of Youth: _____ AQHYA _____

I give my permission for my child to participate in the RSEYTT.

Signed _____ Date: _____

Any questions, please call Emily at home 860-873-8281 or work 860-345-4511 ext 218

MAIL LETTER TO: Emily Alger
CQHYA Advisor
59 Wickham Road
East Haddam, CT 06105

FAX TO: 860-345-3357 Attn: Emily A
EMAIL .pdf to: Emily.Alger@UConn.edu