

**2025 MQHYA Letter of Intent – NYATT TEAM**

**Deadline – Submitted to MQHA on or before May 1st**

This letter will serve as notice to the MQHYA, of the intent of the undersigned to participate in the National Youth Association Team Tournament (NYATT) representing the Michigan Quarter Horse Association or the Michigan Snaffle Bit Association. This letter will only apply to one horse/ rider combination. A Youth exhibiting more than one horse must complete a Letter of Intent for *each horse*.

The Youth that is referred to in this letter agrees to and understands the following:

1. The Youth must be a current member in good standing of MQHA and AQHA.
2. The Youth will participate in a minimum of two MQHYA Board Meetings within the qualifying period.
3. MQHYA will pay the class fees assessed for the NYATT entries. NSBA entries are not included.

The Youth that is referred to in this letter must submit by the deadline to be considered for a spot on the NYATT team:

4. The completed Letter of Intent.
5. A \$100 payment (which may be refundable if not selected for the team).

The Youth that is referred to in this letter must complete the items listed below:

6. A Youth must participate in two fundraisers. Additionally, the family of the youth is asked to help sell tickets for the yearly cash raffle.
7. The Youth (not a substitute) must provide five (5) MQHA volunteer hours. Volunteer hours are per exhibitor, not per horse entered. If the MQHA service hours are not completed by July 10, MQHYA will require a payment of \$125 per hour for each hour missing. Youth completing volunteer hours for the World Show Team are not required to fulfill additional hours for NYATT.
8. Participate in the required NYATT Team meeting. The date and time will be announced.

Placement of the Youth on the team:

9. The team will be determined based on point standings from July 15 through the Harbor Classic.
10. Two (2) youth will be chosen for each class offered. An older youth may get priority on team placement.
11. If a class is not filled in the above manner, any remaining spots will be filled at the discretion of the youth advisors. If a Youth is asked to fill any open position for NYATT, they are required to provide items #4 and #5 above.
12. Out of state youth must have an AQHA Change of Affiliate form on file with MQHA. Out of state youth are required to accrue MQHA points at three of the MQHA approved circuits offered during the qualifying period.

Additional information

13. To be fair to all Youth involved, if a Youth accepts a position on a team and does not show in their class without prior written approval of the team Advisor or the on-site adult responsible for the NYATT team, they will not be eligible for participation on that team the following year.
14. The Youth Advisor and the Selection Committee may waive any of the requirements above for any special conditions that may arise provided that the exception is approved by the MQHA Board of Directors. The death or disability of a horse is considered an exception.

***By initialing below, we (both a parent and the youth) understand that the items listed must be completed in entirety. Any item missing constitutes an incomplete application and will result in the applicant receiving a lesser priority in class consideration.***

\_\_\_\_\_ Parent Initials      \_\_\_\_\_ Youth Initials

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ AQHA #: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Exhibitor NSBA #: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Jacket Size: \_\_\_\_\_

Name of Horse \_\_\_\_\_ Registration #: \_\_\_\_\_ Owner NSBA # \_\_\_\_\_

Owner of Horse: \_\_\_\_\_ Phone #: \_\_\_\_\_

Owner Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please select any classes you wish to be considered for (circle all that apply):**      reining      barrels      ranch riding  
 showmanship      horsemanship      western pleasure      hunter under saddle      equitation

***I agree to comply with all rules and decisions set forth by the MQHA board, MQHYA board, and the MQHYA Selection Committee.***

**Signature of Youth** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_