



IQHVA MENTORING PROGRAM

_____ I would be interested in being an IQHYA Mentor for another IQHYA Member and their family.

_____ I would be interested in being mentored by an order IQHYA Member and their family.

Youth Name: _____

Youth Age: _____

Youth Phone Number: _____

Youth Email: _____

Parents Names: _____

Parents Phone / Email: _____

City/State: _____

IQHA District # _____ IQHYA District: ___NE ___NW ___SE ___SW
dividing line is E/W of I-35, N/S of Hwy 30

Equine Discipline: _____ English _____ Western _____ Timed Events _____ Cattle Events

I give the IQHYA and the Mentor Coordinator permission to use the above information to help organize a mentoring program.

parent signature required for participation

IQHVA Youth Advisor Jennifer Horton
319-240-3520, horton.barH@gmail.com
21955 H Ave., Grundy Center, IA 50638