

SELECT AMATEUR DESIGNATION FORM

Printed Member Name: _____

By signing this form, I agree to the following:

1. For the show season of 20____, I request that all of my **IQHA** points earned in the Amateur Division be transferred to the corresponding class in the Select Amateur Division for the purposes of calculating my IQHA Year-End Award(s) in the Select Amateur Division. This transfer will only apply when Amateur and Select Amateur classes are combined at a show, or when a Select Amateur class is not offered at a show.
2. I understand that I am not eligible to earn **IQHA** points in both the Amateur and Select Amateur Divisions in corresponding classes.
3. This request will be effective as of the date below and will not be retroactive. This designation will expire on October 31 of the above noted year. A new designation form will need to be completed for the next show season. In the event a Select Amateur Designation Form is not completed and on file with the Point Secretary, any IQHA points earned will be calculated in the division in which they are earned.

Signature: _____ Date: _____



RETURN FORM TO:

Ginny Tauer
345 West Union Rd
Monrovia, IN 46157

Forms may also be e-mailed to iqha1@ymail.com

Date received: _____