



Application for the WSQHA

PO BOX 1010 McKenna WA 98558

Horse Crazy Youth Lesson Program

Name of Applicant _____

Parent or Guardian _____

Address _____

Phone _____

Email _____

Gross yearly household income as shown on last year's tax return _____

Applicant's age _____ Applicant's grade in school _____

Please explain why you are interested in learning about horsemanship in a brief paragraph below or on an attached page.

Signature of applicant _____ Date _____

Signature of parent or legal guardian _____