



The Ohio Quarter Horse Association **SELECT AMATEUR DESIGNATION**

By signing this form, I agree to the following:

1. For the 20__ show season, I request that all of my OQHA points earned in the Amateur Division be transferred to the corresponding class in the Select Amateur Division for the purpose of calculating my OQHA year-end points in the Select Amateur Division. This will only apply when Amateur and Select Amateur classes are combined at a show.
2. I understand that I am not eligible to earn OQHA points in both the Amateur and Select Amateur Divisions in corresponding classes for horse/rider combination. The Select Amateur will receive points based on total number of entries in the combined class.
3. The Select Amateur designation will become effective when it is received in the OQHA office, or by the show secretary at any approved OQHA show, and will expire at the end of each show season.

Horse: _____

Rider: _____

Signature: _____

Date: _____

OFFICE USE:

Date

Received by: