**TWHAWC YOUTH CITIZENSHIP AWARD**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Prov\_\_\_\_\_\_\_\_\_\_\_Postal Code\_\_\_\_\_\_\_\_\_\_\_**

**Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The above named individual has used a register Tennessee Walking Horse in his/her equine activities for this program.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Date Parent or Guardian**

**Horse’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Horse’s Registration #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Consent to use any or all pictures or material used in achieving the awards, in or on walking horse literature or website.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date Parent or Guardian**

* *Attach two letters of recommendation with this application, one from a person who is knowledgeable about your equine activities, the other from a person knowledgeable about any of the good works you have done. These people cannot be parents or guardian.*
* *Please put entire application in report folder before submitting. Summations Deadline Oct 1st.*

**REMEMBER YOU DO NOT HAVE TO COMPLETE THIS IN ONE YEAR YOUR POINTS WILL FOLLOW YOU FROM YEAR TO YEAR. UNTILL YOU 18 YEARS OF AGE.**

Please mail completed application to:

TWHAWC Youth Citizenship

C/O Grace Adams

RR1, Site 3, Box 50

Bowden, AB. T0M 0K0