



2019 West Virginia Quarter Horse Association
Queen Application

APPLICANT INFORMATION

Full Name: _____
Last First M.I.

Address: _____
Street Address Apt #/Suite

City State ZIP

Cell: _____
Email: _____

Other Phone: _____ DOB: __/__/____

Are you a member of WVQHA ___ Yes ___ NO

Are you a member of AQHA ___ Yes ___ NO

Are you a member of another association ___ Yes ___ NO

Explain: _____

Have you ran for queen before? ___ Yes ___ NO

EDUCATION

_____ Did you Graduate ___ Yes ___ No
High School

_____ Did you graduate ___ Yes ___ No
College/Institute

GET TO KNOW THE CANDIDATE:

What are you most proud of: _____

Three words someone would use to describe you: _____

Community Involvement: _____

Any Interesting facts about you: _____

PLEASE LIST 3 NON FAMILY REFERENCES:

1) Name: _____
Phone Number: _____
Relationship: _____
of years: _____

2) Name: _____
Phone Number: _____
Relationship: _____
of years: _____

3) Name: _____
Phone Number: _____
Relationship: _____
of years: _____

I certify that my answers are true and complete to the best of my knowledge. If I shall be selected to represent WVQHA and WVQHVA as the queen, I understand that false and/or misleading information will result in me being released from my duties and awards.

Signature

Date

Please Send Completed Application to:

Tim Ketterman

702 Maple Fork Rd

Mount Hope, WV 25880

