



**International Colored
Appaloosa Association, Inc.**
P.O. Box 99 Shipshewana IN 46565

**OPEN SHOW POINT PROGRAM
YOUTH NOMINATION FORM**

PLEASE PRINT OR TYPE **ANNUAL FEE: \$5.00**

Youth's Name		
Address for Season		
ICAA Mem #	Age as of 01/01	Date of Birth
Parent Name		
Parent Address		
(City/State/Zip)		
Parent Telephone		
<i>I, as parent/legal guardian of the above-named Youth, hereby give my permission and consent for this Youth's participation in the ICAA Open Show Point Program, and I agree to abide by all ICAA/ICAYA Rules and Regulations that pertain to me and/or the above-named Youth.</i>		
Parent Signature _____		Date _____

Trail Logging Program Enrollment Form

Clip out and send form and \$5.00 Enrollment Fee to
ICAA — Trail Log Program
P.O. Box 99
Shipshewana, IN 46565

(PLEASE PRINT)

RIDER NAME _____

Membership Number _____

HORSE'S NAME _____

ICAA Registration Number _____

RIDER ADDRESS:

Street/PO _____

City/State _____

Zip/Postal Code _____

Telephone Number _____

Email Address _____

ONE-TIME FEE Horse/Rider Team: \$5.00



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Registered Name:	
ICAA Registration No	
Year Foaled	Sex
Address of Horse	
Owner Name	
Address	
City/State/Zip	
Telephone	
<i>I agree to abide by all ICAA and ICAA Open Show Point Program Rules and Regulations.</i>	
Owner Signature _____ Date _____	

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