

## National Youth Cutting Horse Association Area Director Consent Form

All area director candidates must complete and return an Area Director Consent Form. It must be completed and **postmarked** no later than November 20. Mail complete forms to National Youth Cutting Horse Association, 260 Bailey Ave, Fort Worth, TX 76107 or fax to (817) 244-2015.

- I have reviewed the position description for a National Youth Cutting Horse Association Area Director. **I am willing to devote the time required to fulfill my duties as National Youth Cutting Horse Association Area Director.**
- I will serve as a positive role model to other members. I agree to be responsible for my own actions and accountable for their consequences and will encourage other members to do likewise.
- I will be fair-minded and honest in dealing with others. I will be open to ideas, suggestions and opinions of my peers and advisors.
- I will treat participants, parents, advisors and others with respect, courtesy and consideration.
- I will refrain from the use of alcohol, tobacco and drugs while participating in NYCHA activities.

**Your participation in the National Youth Cutting Horse Association Board of Directors carries the responsibility of representing the youth association to the membership, sponsors and public. You are expected to conduct yourself in a manner that reflects well on the association as well as yourself. Your contributions to the program through your active participation are highly valued.**

I have read the above statements; I am willing to fulfill my obligations and I am willing to conduct myself in the highest standards expected of a National Youth Cutting Horse Association Area Director. I am a member in good standing and currently passing all my classes in school. I agree to let the NCHA office know if at some point in my one-year term, I am no longer able to represent the members in my Area and fulfill the duties of an Area Director.

Candidate's Signature \_\_\_\_\_ Date \_\_\_\_\_

Area \_\_\_\_\_ Date of birth \_\_\_\_\_ Shirt size \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_

I understand that my son or daughter wishes to serve as a National Youth Cutting Horse Association Area Director and will support him/her in fulfilling his/her responsibilities should he/she be elected. I also understand the importance of an Area Director conducting himself/herself in the highest of standards and support the above certification signed by my son or daughter.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian

**RETURN THIS FORM TO THE NCHA OFFICE BY NOVEMBER 20.  
WITH A COPY OF YOUR MOST RECENT REPORT CARD.**