

# OSBA Queen Candidate Application

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Years in OSBA: \_\_\_\_\_ Years in IBHA: \_\_\_\_\_

Horse's Name: \_\_\_\_\_

Name of High School and/or College: \_\_\_\_\_

Other Equine Activities: \_\_\_\_\_

Hobbies (Not Horse Related): \_\_\_\_\_

Why would you like to be represent OSBA as queen?: \_\_\_\_\_

How do you feel you could best represent IBHA and the Buckskin breed?: \_\_\_\_\_

**By signing this application, you agree that you have read the OSBA Queen Competition Rules & Expectations, and agree to represent the Ohio State Buckskin Association by promoting the charter while displaying high integrity and moral standards.**

Signed (candidate): \_\_\_\_\_ Date: \_\_\_\_\_

Signed (parent, if candidate is a minor): \_\_\_\_\_ Date: \_\_\_\_\_