# No description available.Application for Youth Council Members

Applications Close 8 November
Please send to

Judith Cunningham DNZYouthCouncil@gmail.com

**Name:**

**Age: D.O.B:**

**Email or Phone Number:**

**ESNZ Area of Dressage Group Membership:**

**ESNZ Membership No:**

**Why do you want to be a member of the DNZ Youth Council?**

**What is a change you want to see in youth dressage in NZ?**

**Are there any personal qualities, skills and/or strengths you can bring to the Youth Council?**

**Application Approval for Riders Under 18ys**

**Name & Signature of Parent or Guardian if Applicant is Under 18yrs**

**Name:**

**Signature**