



# MOHAVE COUNTY 4-H GYMKHANA / ROPING ENTRY FORM



Event Date: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age as of January 1, 2009: \_\_\_\_\_ 4-H Club: \_\_\_\_\_  
(Yr., Mo., Day)

4-H Leader: \_\_\_\_\_ Date Rec'd \_\_\_\_\_

(Office Use ONLY)

**CIRCLE DIVISION and CLASSES TO ENTER: (Order of classes may be altered)**

Division			Class #	Horse (#)	Name of Horse	Class
Sr.	Jr.		15.	_____	_____	Calf Touch
Sr.	Jr.	Int.	16.	_____	_____	Key Hole
Sr.	Jr.		17.	_____	_____	Calf Roping
Sr.	Jr.	Int.	18.	_____	_____	Goat Tying
Sr.	Jr.	Int.	19.	_____	_____	Breakaway Roping
Sr.	Jr.	Int.	20.	_____	_____	Big M
Sr.	Jr.	Int.	21.	_____	_____	Team Heading
Sr.	Jr.	Int.	22.	_____	_____	Pole Bending
Sr.	Jr.	Int.	23.	_____	_____	Team Heeling
Sr.	Jr.	Int.	24.	_____	_____	Barrel Racing

We give our approval for \_\_\_\_\_ to participate in the Mohave County 4-H Horse Program.  
(Members Name)

In the event of any emergency, I hereby authorize the above representative to employ a licensed physician to render any medical service which may, in the sole discretion of the physician, be necessary, and I agree that I will pay all physician and hospital bills.

\_\_\_\_\_  
(Date) (Signature of Parent or Guardian)

\_\_\_\_\_  
(Telephone) (Address) (City) (State) (Zip)

I certify that this member is a "Member in Good Standing" in the \_\_\_\_\_ 4-H Club and I have reviewed this entry form and find it to be complete.

**Entry Fees: ENTRY FORMS are DUE**

(postmarked or delivered) the Friday the week prior to the event.

1 - 4 Classes: \$ 5.00 each

5 or More Classes: \$15.00 for All

Cattle Fee per Roping Event: \$3.00 each

\_\_\_\_\_  
(Signature of Club Leader)

**Send Entry to:**  
Mohave County 4-H Horse Program  
101 E. Beale Street, Ste. A  
Kingman, AZ 86401

**Make Checks Payable to:**  
Mohave County 4-H Leaders' Council

**AMOUNT ENCLOSED \$** \_\_\_\_\_

**Entry Fee Refund Policy:** Written request for refund is **REQUIRED** 24 hours before show time or in extenuating circumstances. \$1.00 cancellation fee.

Persons with a disability may request a reasonable accommodation, such as a sign language interpreter, by contacting Vicki Coombs, Administrative Assistant, (520) 753-3788. Requests should be made as early as possible to allow time to arrange the accommodation.

Issued in furtherance of Cooperative Extension work, acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture, James A. Christenson, Director, Cooperative Extension, College of Agriculture & Life Sciences, The University of Arizona.

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