



# MOHAVE COUNTY 4-H GYMKHANA/ROPING ENTRY FORM



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

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age as of January 1, 2010: \_\_\_\_\_ 4-H Club: \_\_\_\_\_  
(Yr., Mo., Day)

email: \_\_\_\_\_ 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.	_____	_____	<b>*Calf Touch</b>
Sr.	Jr.	Int. 16.	_____	_____	Flag Race
Sr.	Jr.	17.	_____	_____	<b>*Calf Roping</b>
Sr.	Jr.	Int. 18.	_____	_____	Goat Tying
Sr.	Jr.	Int. 19.	_____	_____	<b>*Breakaway Roping</b>
Sr.	Jr.	Int. 20.	_____	_____	Open Figure 8
Sr.	Jr.	Int. 21.	_____	_____	<b>*Team Heading</b>
Sr.	Jr.	Int. 22.	_____	_____	Pole Bending
Sr.	Jr.	Int. 23.	_____	_____	<b>*Team Heeling</b>
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.**

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

Late entries will be given schooling numbers and points will not be earned.

1 - 4 Classes: \$ 5.00 each  
5 or more Classes: \$15.00  
**\*Cattle Fee per Roping Event: \$ 3.00/each**

**Send Entry to:**

**Mohave County 4-H Horse Program  
101 E. Beale Street, Ste. A  
Kingman AZ 86401-5808**

**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.

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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Persons with a disability may request a reasonable accommodation, such as a sign language interpreter, by contacting the, Administrative Assistant, (928)753-3788. Requests should be made as early as possible to allow time to arrange the accommodation.