



MOHAVE COUNTY 4-H HORSE SHOW ENTRY FORM



Event Date: _____

Name: _____ Email: _____ Telephone No: _____

Birth Date: _____ Age as of January 1, 2010 _____ 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. Int.	1.	_____	_____	English Showmanship at Hand
Sr. Jr.	2.	_____	_____	Hunter Hack
Sr. Jr.	3.	_____	_____	Hunt Seat Over Fences
Sr. Jr.	4.	_____	_____	Working Hunter
Sr. Jr. Int.	5.	_____	_____	English Pleasure
Sr. Jr. Int.	6.	_____	_____	Hunt Seat Equitation (Flat)
Sr. Jr. Int.	7.	_____	_____	English Bareback
Sr. Jr. Int.	8.	_____	_____	Western Showmanship at Halter
Sr. Jr. Int.	9.	_____	_____	Western Pleasure
Sr. Jr. Int.	10.	_____	_____	Western Horsemanship
Sr. Jr. Int.	11.	_____	_____	Western Bareback
Sr. Jr.	12.	_____	_____	Western Riding
Sr. Jr.	13.	_____	_____	Reining
Sr. Jr. Int.	14.	_____	_____	Trail

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

1 - 4 Classes \$5.00/ea.
5 or More Classes \$20.00 for all

(Signature of HORSE Project Leader)

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.

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.

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