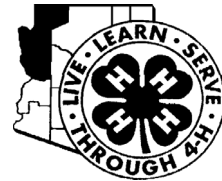




MOHAVE COUNTY 4-H HORSE SHOW ENTRY FORM



Event Date: _____

Name: _____ Email: _____ Telephone No: _____

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

We give our approval for _____ to participate in the Mohave County 4-H Horse Program.
(Member 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 - 3 Classes \$5.00/ea.
4 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 \$ _____

Refund Policy: No refunds will be given

Issued in furtherance of Cooperative Extension work, acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture, Dr. Edward C. Martin, Associate Dean & Director, Extension & Economic Development, Division of Agriculture, Life and Veterinary Sciences, and Cooperative Extension, The University of Arizona. The University of Arizona is an equal opportunity, affirmative action institution. The University does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, veteran status, sexual orientation, gender identity, or genetic information in its programs and activities.

Arizona Cooperative Extension will continue to promote diversity and inclusiveness in the entire Arizona Cooperative Extension System (CES). In the CES this includes challenging our leaders, faculty, and staff to fully embrace and highlight their diversity work in their programs and communities, not as a new initiative but as a core part of our normal operating procedures.