



MOHAVE COUNTY 4-H GYMKHANA/ROPING ENTRY FORM



Event Date: _____

Name: _____ Em ail: _____ Telephone: _____

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

Leader 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. | Int. | 18. | _____ | Goat Tying |
| Sr. | Jr. | Int. | 19. | _____ | *Breakaway Roping |
| Sr. | Jr. | Int. | 21. | _____ | *Team Heading |
| Sr. | Jr. | Int. | 22. | _____ | Pole Bending |
| Sr. | Jr. | Int. | 23. | _____ | *Team Heeling |
| Sr. | Jr. | Int. | 24. | _____ | Barrel Racing |
| Sr. | Jr. | Int. | 25. | _____ | *Team sorting |

We give our approval for _____ to partic ipate 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.

(Signature of Club Leader)

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 each
4 or more Classes: \$ 20.00
*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, Jeff Silvetooth, 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.