



MOHAVE COUNTY 4-H GYMKHANA ENTRY FORM



Event Date: _____

Name: _____ Email: _____ Telephone: _____

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

4-H Leader: _____

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

Division		Class #	Horse(#)	Name of Horse	Class
Sr.	Jr.	Novice	18.	_____	Goat Tying
Sr.	Jr.	Novice	22.	_____	Pole Bending
Sr.	Jr.	Novice	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.

(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

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

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