HORSE PROJECT INFORMATION

Due June 1st by 11:59 p.m. through 4HOnline

Check One:	Primary Horse
	Backup Horse

HORSE EXHIBITOR NAME:		
DATE OF BIRTH:	_ AGE AS OF Jan. 1st	PHONE NUMBER:
MEMBER CELL PHONE NUMBER:	E-mail ADDRESS:	
PARENT(S) NAME(S):		PHONE NUMBER:
I understand I must participate in clear	n-up day to show at the fair.	
************	*********	*********
NAME OF HORSE:		
AGE OF HORSE: HI	EIGHT:	BREED:
COLOR:		
MARKINGS:		
SHOWN AS: HORSE		_ PONY
HORSE EXPERIENCE (YRS.):		
IS HORSE LEASED? Yes No (If Yes, attach lease papers)	
IS HORSE STABLED AT ADDRESS ABO	OVE? Yes No	
IF NO GIVE ADDRESS WHERE STABLE	ED:	
CHECK ONE PLEASE:		·
Jr. Division (9 – 13)Sr. Di	vision (14 – 19) WAL!	K TROT (9 – 11) WALK TROT (11-18)
This horse shows as a Gaited Horse:Y	Ye <u>s</u> No	
DO YOU PLAN TO TRY FOR STATE FA	IR QUALIFICATION? _	Yes No
All forms plus required pictures must be subryou will not show for placing but for judge's comme	nitted through 4HOnline by a	June 1st at 11:59pm. If your form is not received by the deadline ble to show for State Fair without this form being turned in.
MEMBER'S SIGNATURE:		
PARENT'S SIGNATURE:		

Typing your name into this form will be considered a digital signature.