

Walworth County Horse & Pony Project Fair Eligibility Record

NAME: _____ CLUB: _____

HORSE/PONY NAME #1 _____ NEGATIVE COGGINS DATE: _____

HORSE/PONY NAME #2 _____ NEGATIVE COGGINS DATE: _____

(If additional animals attend clinics, please list them and their negative Coggins date on the back of this form.)

CHECK WHICH H & P ORIENTATION YOU ATTENDED: ___ Feb 28, Elkhorn Area High School, 6:30 p.m.
___ March 2, Darien Senior Center, 8:30 a.m.

TURNED IN THE FOLLOWING

- ___ Completed identification forms
- ___ Two color photos (one of each side, including face)
- ___ Signed *Walworth County 4-H Horse & Pony Code of Conduct* form
- ___ \$20.00 registration and insurance fee
- ___ *Agreement of Risk* form

DATE & CLINICIAN'S SIGNATURE ON THE APPROPRIATE LINE BELOW:

(Must participate in 75% of clinic to get signature)

EDUCATIONAL MEETING _____

(Approved or hosted by Equine Ed)

WESTERN CLINIC #1 _____

WESTERN CLINIC #2 _____

WESTERN CLINIC #3 _____

ENGLISH CLINIC #1 _____

ENGLISH CLINIC #2 _____

ENGLISH CLINIC #3 _____

SPEED/GYMKHANA CLINIC #1 _____

SPEED/GYMKHANA CLINIC #2 _____

SPEED/GYMKHANA CLINIC #3 _____

DRIVING CLINIC #1 _____

DRIVING CLINIC #2 _____

DRIVING CLINIC #3 _____

MEMBER SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Hand this completed form into Jeff Markham or scan and email to
jeff@triebald.com no later than August 9, 2019.

COMMITTEE ONLY: Requirements met for member to show at the Qualifying Show? ___YES ___NO

Youth President's Signature: _____ Date: _____

Junior Superintendents Signature: _____ Date: _____