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@triebold.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: ______________