

# Walworth County Horse & Pony Project Fair Eligibility Record

MEMBER NAME: \_\_\_\_\_

## CHECK WHICH H & P ORIENTATION YOU ATTENDED:

\_\_\_ Feb 20, Elkhorn Area High School, 6:30p.m.

\_\_\_ May 9, Virtually via Zoom, 9:00a.m.

## TURNED IN THE FOLLOWING

\_\_\_ Signed *Walworth County 4-H Horse & Pony Code of Conduct*

\_\_\_ \$20.00 registration and insurance fee

\_\_\_ *Agreement of Risk* form

\_\_\_ Completed identification forms

\_\_\_ Current Coggins with Two color photos (one of each side, including face)

These three items  
due at Orientation  
Meeting.

## 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 17, 2020.**

**COMMITTEE ONLY:** Requirements met for member to show at the Qualifying Show? \_\_\_YES \_\_\_NO

Youth President's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Junior Superintendents Signature: \_\_\_\_\_ Date: \_\_\_\_\_