

# Walworth County Horse & Pony Project Fair Eligibility Record

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

**CHECK H & P ORIENTATION YOU ATTENDED:**

\_\_\_ Met with any project leader at the first clinic

**TURNED IN THE FOLLOWING**

- \_\_\_ Signed *Walworth County 4-H Horse & Pony Code of Conduct Agreement of Risk* form
- \_\_\_ Completed identification forms
- \_\_\_ Current Coggins with Two color photos (one of each side, including face)

**These Items must be turned in before you mount at a clinic!**

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

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

WESTERN CLINIC#1

Horse Name \_\_\_\_\_

WESTERN CLINIC#2

Horse Name \_\_\_\_\_

WESTERN CLINIC#3

Horse Name \_\_\_\_\_

ENGLISH CLINIC#1

Horse Name \_\_\_\_\_

ENGLISH CLINIC#2

Horse Name \_\_\_\_\_

ENGLISH CLINIC#3

Horse Name \_\_\_\_\_

SPEED/GYMKHANA CLINIC#1

Horse Name \_\_\_\_\_

SPEED/GYMKHANA CLINIC#2

Horse Name \_\_\_\_\_

SPEED/GYMKHANA CLINIC#3

Horse Name \_\_\_\_\_

DRIVING CLINIC#1

Horse Name \_\_\_\_\_

DRIVING CLINIC#2

Horse Name \_\_\_\_\_

DRIVING CLINIC#3

Horse Name \_\_\_\_\_

MEMBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Hand this completed form into Jeff Markham or scan and email to [jeff@triebald.com](mailto:jeff@triebald.com) no later than August 20, 2021.

**COMMITTEE ONLY:** Requirements met for member to show at the Qualifying Show? \_\_\_ YES \_\_\_ NO

4-H Program Educator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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