

Walworth County Horse & Pony 4-H Project Fair Eligibility Record

MEMBER NAME: _____

H & P ORIENTATION

___ Feb 2nd Activity Center Mandatory Meeting

TURNED IN THE FOLLOWING

- ___ WALWORTH COUNTY 4-H HORSE & PONY CODE OF CONDUCT
- ___ COMPLETED IDENTIFICATION FORMS
- ___ AGREEMENT OF RISK FORM
- ___ CURRENT COGGINS WITH TWO COLOR PHOTOS (ONE OF EACH SIDE, INCLUDING FACE)

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

EDUCATIONAL MEETING _____ *(Approved or hosted by Equine Ed)*

WESTERN/STOCKSEAT
CLINIC#1

WESTERN/STOCKSEAT
CLINIC#2

WESTERN/STOCKSEAT
CLINIC#3

ENGLISH/HUNTER CLINIC#1

ENGLISH/HUNTER CLINIC#2

ENGLISH/HUNTER 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, 2022

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

4-H Program Educator Signature: _____ Date: _____

Junior Superintendents Signature: _____ Date: _____