

ST. CLAIR COUNTY 4-H STATE QUALIFYING HORSE SHOW REGISTRATION FORM



31, 2016

DUE: MAY 1st

NAME:		BIRTHDATE:		
ADDRESS:		CITY:	ZIP:	
		4-H STAT	(AS OF JANUARY 1 ST OF CURRENT YEAR)	
		CHECK ONE: JUNIOR(13-15 YRS)		
<u>PL</u>	EASE LIST THE 6 CL	ASSES YOU WILL BE ENTERING IN ATTEMPT TO QUALIF	FY TO REPRSENT ST. CLAIR	
		<u>COUNTY AT THE 4-H STATE HORSE SHOW</u>		
	CLASS #	DESCRIPTION		
1				
2				
3				
4				
5				
6				
oay at t r esult ir	he same time. <u>Cleaned</u>	t be paid by June 15 at a cost of \$5 EACH (CASH ONLY nonrefund stalls must be checked out by the designated show stall manage lification as a delegate for the State 4-H Horse Show. Clubs must METS AND BOOTS* State Qualifying Show CASH Deposit \$35.00	r(s). Any stalls not cleaned will prepay together to be stalled side	
		Stall Fee CASH \$5.00	office ose offig	
Original, current coggins will be checked when entering the show grounds. **YOU WILL BE TURNED AWAY IF YOU DO NOT PRESENT THE ORIGINAL, CURRENT, NEGATIVE COGGINS**				
ALL F	PARTICIPANTS MUST PI	ROVIDE ONE VOLUNTEER TO WORK THE DAY OF THE SHOW TO N NO EXCEPTIONS TO BE MADE	1AINTAIN QUALIFYING ELIGIBILITY –	
	NAME OF VOLUN	EER: TELEPHONE: () -	
,		R:		
		SNATURE:	_ DATE:	

Do you plan to camp? (\$25.00/Night; paid at the time of show)? YES_____