



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



DUE: MAY 1ST

NAME: _____ BIRTHDATE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

TELEPHONE: (_____) _____ - _____ 4-H STATE AGE _____
(AS OF JANUARY 1ST OF CURRENT YEAR)

E-MAIL (PRINT CLEARLY): _____

CLUB NAME: _____ CHECK ONE: JUNIOR(13-15 YRS) ____ SENIOR(16-A9 YRS) ____

PLEASE LIST THE 6 CLASSES YOU WILL BE ENTERING IN ATTEMPT TO QUALIFY TO REPRESENT ST. CLAIR COUNTY AT THE 4-H STATE HORSE SHOW

	CLASS #	DESCRIPTION
1		
2		
3		
4		
5		
6		

STALLS are required and will be available the day of the show at a cost of **\$5 EACH (CASH ONLY)**. **Cleaned stalls must be checked out by the designated show stall manager(s)**. Any stalls not cleaned will result in the exhibitors club being fined as well as disqualification as a delegate for the State 4-H Horse Show. Clubs must prepay, or check in together to be stalled side by side.

DO YOU PLAN TO CAMP (\$25/NIGHT; PAID AT THE TIME OF SHOW)? YES ____ NO ____

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 PARTICIPANTS MUST PROVIDE ONE VOLUNTEER TO WORK THE DAY OF THE SHOW TO MAINTAIN QUALIFYING ELIGIBILITY – NO EXCEPTIONS TO BE MADE****

NAME OF VOLUNTEER: _____ TELEPHONE: (_____) _____ - _____

SIGNATURE OF RIDER: _____ DATE: _____

PARENT/LEADER SIGNATURE: _____ DATE: _____

\$20.00 CASH ONLY DEPOSIT: _____