



# MOHAVE COUNTY 4-H HORSE SHOW ENTRY FORM



Event Date: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age as of January 1, 2008 \_\_\_\_\_ 4-H Club: \_\_\_\_\_  
(Yr., Mo., Day)

4-H Leader: \_\_\_\_\_ Date Rec'd \_\_\_\_\_  
(Office Use ONLY)

### CIRCLE DIVISION and CLASSES TO ENTER:

Division	Class #	Horse (#)	Name of Horse	Class
Sr. Jr. Int..	1.	_____	_____	English Show at Hand
Sr. Jr.	2.	_____	_____	Hunter Hack
Sr. Jr.	3.	_____	_____	Hunt Seat Over Fences
Sr. Jr.	4.	_____	_____	Working Hunter
Sr. Jr. Int..	5.	_____	_____	English Pleasure
Sr. Jr. Int..	6.	_____	_____	Hunt Seat Equitation(Flat)
Sr. Jr. Int..	7.	_____	_____	English Bareback
Sr. Jr. Int..	8.	_____	_____	Western Showmanship at Halter
Sr. Jr. Int..	9.	_____	_____	Western Pleasure
Sr. Jr. Int..	10.	_____	_____	Western Horsemanship
Sr. Jr. Int..	11.	_____	_____	Western Bareback
Sr. Jr. Int..	12.	_____	_____	Western Riding
Sr. Jr. Int..	13.	_____	_____	Reining
Sr. Jr. Int..	14.	_____	_____	Trail

We give our approval for \_\_\_\_\_ to participate in the Mohave County 4-H Horse Program.

In the event of any emergency, I hereby authorize the above representative to employ a licensed physician to render any medical service which may, in the sole discretion of the physician, be necessary, and I agree that I will pay all physician and hospital bills.

\_\_\_\_\_  
(Date) (Signature of Parent or Guardian)

\_\_\_\_\_  
(Telephone) (Address) (City) (State) (Zip)

I certify that this member is a "Member in Good Standing" in the \_\_\_\_\_ 4-H Club and I have reviewed this entry form and find it to be complete.

### Entry Fees: ENTRY FORMS are DUE

(postmarked or delivered) the Friday the week prior to the event.

- 1 - 4 Classes \$5.00/each.
- 5 or More Classes \$20.00 for All

\_\_\_\_\_  
(Signature of HORSE Project Leader)

Send Entry to:  
Mohave County 4-H Horse Program  
101 E. Beale Street, Ste. A  
Kingman, AZ 86401

Make Checks Payable to:  
Mohave County 4-H Leaders' Council

AMOUNT ENCLOSED \$ \_\_\_\_\_

**Entry Fee Refund Policy:** Written request for refund is **REQUIRED** 24 hours before show time or in extenuating circumstances. \$1.00 cancellation fee.

Persons with a disability may request a reasonable accommodation, such as a sign language interpreter, by contacting Grace Brock, Administrative Assistant, (928)753-3788. Requests should be made as early as possible to allow time to arrange the accommodation.