

ST. CLAIR COUNTY STATE QUALIFYING HORSE SHOW
REGISTRATION FORM



Due: May 1st

All participants must provide one volunteer the day of the show

NAME _____ BIRTHDATE _____

ADDRESS _____ City _____ Zip _____

TELEPHONE # _____ 4-H STATE AGE _____
(As of Jan. 1st of current year)

E-MAIL (print clearly) _____

CLUB NAME _____

CHECK ONE: JUNIOR (13,14,15) _____ SENIOR (16,17,18,19) _____

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

	Class #	Description
1		
2		
3		
4		
5		
6		

Stalls will be available the day of the show at a cost of \$15 each (**CASH ONLY**). *No bedding allowed in the stalls.* A Refund of \$10 will be given upon checkout of cleaned stalls.

Do you plan to rent a stall? YES _____ NO _____

Original Coggins will be checked when entering the Show Grounds. (You will be turned away if you do not present the original negative Coggins test)

Name of Volunteer: _____