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(For County Office Use)

Exhibitor's No. (For State Office Use Only)

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STATE 4-H HORSE EXHIBITOR SHOW ENTRY FORM

***** A COPY OF THE CURRENT YEAR'S COGGINS TEST MUST ACCOMPANY THE ENTRY FORM*****

Exhibitor's Name and Address: _____

County: _____

Name -- Last First Middle Initial

Street or Route Number _____

City or Town MI Zip Code Exhibitor's Date of Birth _____ / _____ / _____
Month Day Year

Phone Number (_____) Email: _____

Entering **Pony** classes? yes (height will be verified at show)

Day to Show (Circle appropriate day) **Friday** **Saturday** **Sunday**

Show Class No.	Show Class No.	Show Class No.	Show Class No.	Symposium Class No.

Arrival Day and Time (Circle one): Thursday p.m. Friday a.m. Friday p.m. Saturday a.m.
Saturday afternoon Saturday p.m. Sunday a.m.
(For Sat. Evening Class (For Sunday Participants)
Participants **ONLY**)

Extra stay – stalling fee \$20.00 per day – (Must be approved by State staff) \$ _____ Approval#: _____
(Provided by State Office)

Siblings are exempt from fee – Approval # still required. Additional Member(s) involved in extra stay _____

Official State Show T-Shirt \$12.00 (include fee with entry) **Size:** Yth M Sm Med Lg XL 2XL \$ _____

Camping: _____ Night(s) at \$20.00 per night = \$ _____ (Include fee with entry)

The Michigan State University Extension will not, individually or collectively, be responsible for loss, damage or injury to persons, horses or property incurred in connection with this show, and upon these conditions only, are entries accepted.

AUTHORIZATION OF PARENT OR GUARDIAN

I, _____, being the parent (legal guardian) of _____, grant permission for him/her to participate in the State 4-H Horse Show, and will not hold the sponsoring organizations or its representatives responsible in case of accident, injury or loss.

ALL ENTRY FORMS MUST BE SIGNED BY PARENT (OR GUARDIAN). These signatures verify that participant and parent/guardian have reviewed Show Rules and Guidelines found at http://www.canr.ans.msu.edu/ans/youth_extension_programs

Signature of Parent or Guardian: _____

Participants should forward original to your County Extension Office and make a copy for your records. Counties please send original to: Equine Extension Specialist, 474 S. Shaw Lane, Room 1287, MSU, East Lansing, MI 48824-1225.