

St. Joseph County, MI 4-H HORSE COUNCIL



Completed form must be received in 4-H Office by 5:00 p.m. on August 1.

Note: If form needs to be turned in after the due date, please discuss with club leader and Horse Council President.

Date/time received in 4-H Office:			
Name:	Phone Numb	Phone Number: E-mail:	
Address:	E-mail:		
City:	State:	Zip:	
I am hereby requesting the following for t	the upcoming St. Joseph County	Grange Fair:	
\square Special STALLING (open horse	barn) consideration		
☐ Special TRAILERING (in/out of	fair on show days) consideration	n	
☐ Special EQUINE ACCOMODATI	ION (veterinarian/farrier approv	ed) consideration	
\square Pony or \square Horse Hors	se <i>or</i> Pony's Name:		
Breed:		_ Age:	
Reason for requesting special considerat	ion:		
4-H Member Signature:			
4-H Parent Signature:			
4-H Horse Club Organizational Leader's S	ignature:		
Veterinarian/Farrier's Signature (if applie	cable):		
Reviewed By Special Request Committee			
This Request Is: ☐ Approved ☐ D	enied		
Committee Initials: 4-H Horse (Council President	4-H Program Coordinator	