

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:	Pho	ne Number: _	
Address:	E-m	ail:	
City:	Stat	e:	Zip:
I am hereby requesting the followin	g for the upcoming St. Josep	h County Gra	nge Fair:
☐ Special STALLING (open l	norse barn) consideration		
☐ Special TRAILERING (in/o	out of fair on show days) cor	sideration	
☐ Pony or ☐ Horse	Horse <i>or</i> Pony's Name:		
Breed:		Ag	e:
Reason for requesting special consi	deration:		
4-H Member Signature:			
4-H Parent Signature:			
4-H Horse Club Organizational Lead			
Reviewed By Special Request Comr	mittee on:		
This Request Is: ☐ Approved	☐ Denied		
Committee Initials: 4-H H	orse Council President	Ор	en Class Horse Superintendent
4-H P	rogram Coordinator	Fai	r Board Representative