

Warren County Fair 4-H Horse Show Entry Form

Name: _____ DOB: _____

Rider's Address: _____

Phone: _____ Email: _____

4-H Member: _____ Yes _____ No

Division: _____
 _____ **Leadline (5-8 years as of 9/30/2010)**
 _____ **Jr (9-13 years as of 9/30/2010)**
 _____ **Sr (14-19 years as of 9/30/2010)**
 _____ **Open (All Ages)**

Horse's Name: _____

Owner's Address: _____

Phone: _____ Email: _____

Do you want to compete in the Fair Championship Series? _____ Yes

Please circle the class numbers you wish to enter:

1	2	3	4	5	6	7	8	9	10	11	12
13	14	15	16	17	18	19	20	21	22	23	24
25	26	27	28	29	30	31	32	33	34	35	36
37	38	39	40	41	42						

Please attach a copy of your negative Coggin's Report!

Please attach the signed equine waiver!

[http://www.4-h.ext.vt.edu/programs/anscience/horse/Events/Dist Qual Clinics/equine waiver.pdf](http://www.4-h.ext.vt.edu/programs/anscience/horse/Events/Dist%20Qual%20Clinics/equine_waiver.pdf)