

UTAH STATE 4-H HORSE PROJECT REGISTRATION – WEBER COUNTY

Due to County 4-H Office by June 1



PLEASE CHECK ALL HORSE PROJECTS YOU WISH TO REGISTER:

- Western Project Horse:
- Two Handed (must be declared no later than July 1)
- English
- Working Ranch

PARTICIPANT'S NAME _____ GENDER Male Female
CLUB _____ DATE OF BIRTH: (M/D/Y) _____ GRADE _____
MAILING ADDRESS _____ EMAIL _____
CITY _____ STATE _____ ZIP _____

PARENT'S NAME _____
MAILING ADDRESS (IF DIFFERENT) _____ EMAIL _____
CITY _____ STATE _____ ZIP _____
HOME PHONE _____ CELL PHONE _____

WESTERN PROJECT HORSE: Own Leased Borrowed

NAME: _____ SEX: _____ AGE: _____
DESCRIPTION (breed, color, markings) _____

TWO-HANDED HORSE PROJECT: Own Leased Borrowed Same horse used for Western Project Horse

How many years has this horse been shown in 4-H? _____
How many years has this horse been shown in Breed and/or Open Shows? _____
NAME: _____ SEX: _____ AGE: _____
DESCRIPTION (breed, color, markings) _____

WORKING RANCH HORSE PROJECT: Own Leased Borrowed Same horse used for Western Project Horse

NAME: _____ SEX: _____ AGE: _____
DESCRIPTION (breed, color, markings) _____

ENGLISH HORSE PROJECT: Own Leased Borrowed Same horse used for Western Project Horse

NAME: _____ SEX: _____ AGE: _____
DESCRIPTION (breed, color, markings) _____

Upon signature of this form, both participant and parents agree to abide by all rules of the show and release the management from all liability. Leader's signature verifies ownership and training eligibility of the project horse. All signatures verify parent, leader and participant's acceptance and commitment to abide by Utah State 4-H Equine Drug Policy (see Utah State Rule Book). Failure to comply with the equine drug policy regulation may result in immediate or subsequent disciplinary action. Penalties may include, but are not limited to: dismissal from a class, a show, and/or the Utah 4-H Program and forfeiture of all prizes won at that show. Please attach a signed and dated separate sheet which lists medications and have your veterinarian include a statement regarding usage. If need for medication arises after entry is sent, bring a signed explanation statement from your veterinarian.

ALL SIGNATURES ARE REQUIRED – SIGN WITH BLACK OR BLUE PEN

Participant _____ Date _____
Parent _____ Date _____
4-H Leader _____ Date _____