

**WISCONSIN STATE 4-H GYMKHANA
STATE FAIR PARK, WEST ALLIS, WI
SEPTEMBER 9 & 10, 2017
ENTRY FORM**

Entries must be postmarked NO LATER THAN August 15TH
LATE ENTRIES WILL BE REJECTED AND RETURNED
 Entry Fee \$10.00 per class Tack/stall fee \$40.00
There will be a \$30.00 charge for all NSF returned checks

OFFICE USE
EXHIBITOR # _____
PAID _____

Make checks payable to **Wisconsin State 4-H Horse Association, Inc.**
 Send to: STATE 4-H HORSE ASSOCIATION, Executive Secretary, Linda Pribek,
 N3361 Sleepy Hollow Road, Kewaunee, WI 54216-9630

Class #	Class Name	Class #	Class Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4-H Member Name _____
 GRADE _____ (As of January 1st) DOB _____
 Address _____
Street or RR

City State Zip
 4-H County _____ Phone (_____) _____
 Name of Horse/Pony _____
 Premise ID # _____

FEES	
Processing Fee	<u>\$40.00</u>
<small>(includes stall rent)</small>	
Entry	_____
Tack Stall	_____
Total	_____

A COPY OF A NEGATIVE COGGINS TEST, TAKEN WITHIN THE CURRENT YEAR, MUST ACCOMPANY ENTRY. ORIGINAL COGGINS PAPERS MUST BE BROUGHT TO THE SHOW.

RELEASE FORM

Upon signing below, I confirm that the member and horse/pony meet the eligibility requirements of the show rules. I will not hold the owner of the show grounds or the Wisconsin State 4-H Horse Association, and any of its members, responsible for any injury or theft.

ALL FOUR SIGNATURES ARE REQUIRED

Member Signature _____ Date _____
 Parent/Guardian Signature _____ Date _____
 My signature gives consent to UW-Extension and the WI 4-H Horse Association the right to use, publish, and copyright my image (including audio, moving image or photograph) for educational programs, website & promotion programs. UW-Extension & the WI 4-H Horse Association adheres to all Federal & State laws associated with this use.
 Project Leader Signature _____ Date _____
 This youth is a member in good standing, has met all club requirements and achieved the skills required to compete at a State level in the classes entered. The horse is verified as a project animal.
 Extension Agent Signature _____ Date _____

An EEO/AA employer, University of Wisconsin Extension provides equal opportunities in employment and programming, including Title IX and ADA requirements. Please make requests for reasonable accommodations to ensure equal access to the event before the registration deadline.