



EASTERN STATES 4-H HORSE DELEGATE APPLICATION



Selection is based on the information provided in this application, the interview, and the recommendation letter.

If you are not selected with your horse, do you want to be considered as a Teen Leader delegate? ___ yes ___ no If yes, please complete page 1 of the Teen Application and submit.

PLEASE USE ONLY THE LINES PROVIDED ON THIS APPLICATION. DO NOT ADD PAGES.

Name _____ Phone _____

Address _____ Zip _____

County _____ Club Name _____

Number of years as a 4-H member _____ Number of years as a horse 4-H member _____

Birth date _____ Age as of January 1 of this year _____
Month Day Year

How many members in your club? _____

Have you attended Eastern States previously with a horse? ___ yes ___ no If yes, year(s) _____

Have you attended Eastern States previously as a Teen Leader? ___ yes ___ no

In which division will you be showing?

___ Open English ___ Hunt Seat ___ Western ___ Driving ___ Small Equine

On what date did you acquire your horse? _____

Present age of horse _____ Registered Name _____ Barn Name _____

Describe your horse project and include what faults or issues you have dealt with about your horse. What would you change about your horse? What have you learned by being in the horse project?

Multiple horizontal lines for writing the description of the horse project.

All information on this application is accurate to the best of my knowledge.

Signature of Applicant

Date

If _____ is approved to participate in the horse show at the New England 4-H program this year, I will assume the responsibility for transportation and give my permission for his/her participation.

Signature of Parent/Guardian

Date

This application must be reviewed and signed by your local 4-H leader and your county office.

Signature of local 4-H leader

Date

Leaders-By your signature, you approve this application and certify the 4-H member is a member in good standing and has met all horse project requirements.

Signature of 4-H Educator

Date

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