



UW-MADISON EXTENSION

Adams County 4-H Horse & Pony Project Plan Form

4-H Member Name: _____

Parent / Guardian Name: _____

By Signing You Are Agreeing To Follow 4-H Rules & Monday Night Lessons Rules.

Phone #: _____

Horse's Name: _____

Description of Horse (Breed, Color, Markings, Sex M / G):

Dates Of Clinics / Lessons

(4-H Horse Leader Initials & Dates) For Participation Credit:

June: _____

July: _____

August: _____

Project Goals & When Do You Want To Accomplish This By?:

1. _____

2. _____

3. _____

Project Outcomes / What Have You Learned? Did You Meet Your Goals & Why

1. _____

2. _____

3. _____

By Signing Above You Are Agreeing To Follow 4-H Rules & Monday Night Lessons Rules.



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