



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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