

**WISCONSIN STATE 4-H GYMKHANA  
STATE FAIR PARK, WEST ALLIS, WI  
SEPTEMBER 8 & 9, 2018  
ENTRY FORM**

Entries must be postmarked NO LATER THAN August 15<sup>TH</sup>  
**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**

<b>OFFICE USE</b>
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 1<sup>st</sup>)      DOB \_\_\_\_\_  
 Address \_\_\_\_\_  
    Street or RR  
 \_\_\_\_\_  
    City     State     Zip  
 4-H County \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Name of Horse/Pony \_\_\_\_\_  
 Premise ID # \_\_\_\_\_

<b>FEES</b>	
Processing Fee (includes stall rent)	<u>\$40.00</u>
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.*