WISCONSIN STATE 4-H GYMKHANA
STATE FAIR PARK, WEST ALLIS, WI
SEPTEMBER 10 & 11, 2011
ENTRY FORM

OFFICE USE
EXHIBITOR #_____
PAID _____

Entries must be postmarked NO LATER THAN August 15TH
LATE ENTRIES WILL BE REJECTED AND RETURNED
Entry Fee $10.00 per class $30.00 stall fee
There will be a $25.00 charge for all NSF returned checks

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 (includes stall rent)	$30.00
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.

Extension Agent Signature_____ Date_____

1/11 lhp