MARINETTE COUNTY 4-H HORSE PROJECT

HORSE AND RIDER POINT FORM

EXHBITOR NAME: _____

SHOW/CLINIC NAME: _____

DATE: _____

JUDGE(S)/CLINICIAN(S): _____

HORSE NAME: _____

DIVISION: _____

Junior (3rd, 4th, and 5th Grades)
Intermediate (6th, 7th, and 8th Grades)
Senior (9th, 10th, 11th, 12th, and 13th Grades)

CLASS NO.	CLASS NAME	PLACING	POINTS

Signature of Show Secretary/Clinic Organizer: _____

Phone number of Show Secretary/Clinic Organizer: _____

***Remember to include a Show Bill with this form.**

**If you attended the show and did not receive a placing all day you will still receive 10 points.

TOTAL: _____