

Horsemanship Skills Testing and 4-H Qualifying Clinic May 3, 2020

Mail to: Great Equestrians, 1497 Dogwood Drive, Kents Store, VA 23084)

One Form Per Child / Horse Qualifying:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ Phone Number: _____

Riders must be enrolled 4-H members, age 9 or older as of 9/30/2020, and wear an approved ASTM helmet

Parent / Guardian: _____ Email: _____

4-H Club Name: _____

Club County: _____ District: _____

Horse Name: _____ Age: _____

Breed: _____ Color: _____

Does your horse/pony need to be measured: Yes No

If no, what is the official measurement: _____ Date Measured: _____

If Skills Testing Please Check Time Preference:

____ 9:00 ____ 10:00

____ 9:15 ____ 10:15

____ 9:30 ____ 10:30

____ 9:45 ____ 10:45

If qualifying in clinic please check which clinic: \$35 per clinic

Trail (separate ring): _____ Hunter Pleasure-11 AM: _____ & 1 PM: _____

Western Pleasure - 3 PM: _____ Hunter Eq.-12 PM: _____ & 2 PM: _____

Please send a 4-h equine release waiver, Sheridan Stables Equine Waiver and a current copy of coggins.
A copy of coggins test will be required at the gate.

Coggins Test Accession #: _____ Date: _____ Waiver Signed Y N



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