

## 2017 Southeast District Horsemanship Skills Evaluation

**PURPOSE:** To allow 4-Her's to test Level One and Level Two Horsemanship Skills as a part of the requirement of the Virginia State 4-H Horse Program. Successful completion of these two levels will be required of all horse rider pairs who have not competed together at a previous State 4-H Horse Show.

**LOCATION:** GaDa Dream Stable  
15421 River Rd  
Chesterfield, Va 23838

**EXAMINERS:** Bertha Durbin, Eleszabeth McNeel

**DATE/TIME:** June 17,2017

### NUMBER OF PARTICIPANTS:

The number of participants will be limited to **15** horse/rider combinations. Start times will be staggered with groups of five testing at a time starting at 10am. Those accepted for the evaluation will be sent a time to arrive.

### RULES FOR PARTICIPATION:

1. All participants must be bona fide 4-H horse project members. All animals must be their 4-H Project animals, registered with their respective Extension Unit and part of their Horse Project Record.
2. Participants must meet all county and state 4-H regulations for entry to State 4-H Horse Show.
3. Any **incomplete applications** will be returned and applicants not accepted.
4. Evaluation Requirements:

Participants must be prompt and be ready to begin at the appointed time.

Participants must come to Evaluation attired and turned out as they would be for their discipline.

As portions of the evaluation will be conducted on the ground, horses should be brought to the testing area in a halter. However, appropriate tack for the riders discipline must be brought along also.

5. Successful completion of Levels One and Two are required for participation at the State 4-H Horse Show. (Exception – those horse/rider combinations who have previously shown at a State 4-H Horse Show.) Level one must be passed in its entirety. If participant fails any part of Level One they must retest on all Level One skills. With Level Two, any individual skills missed may be retested without redoing the whole level.
6. Applicants must submit copies of their **health form, equine waiver, and current coggins.**
7. Measurement of horse available on request at the Evaluation

For more information contact: Gaynor Baker Phone: home:(804) 739-0590, cell: (804)873-7919  
e-mail:saddleup99@hotmail.com

**VA STATE 4-H HORSEMANSHIP SKILLS EVALUATION - June 17,2017**  
**GaDa Dream Stables, Chesterfield Va.**

**PART I: APPLICANT INFORMATION:**

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

Route & Box Number

City

Zip Code

Birthdate of Applicant \_\_\_\_\_ on Sept. 30, 2017 \_\_\_\_\_  
Month Day Year

Age of Applicant

Phone Number \_\_\_\_\_ E-mail address: \_\_\_\_\_

County \_\_\_\_\_ Club \_\_\_\_\_ District \_\_\_\_\_

Name of Horse \_\_\_\_\_ Height of Horse \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_

Have you attended, or do you plan to attend with this animal, a District Qualifying Show? \_\_\_\_\_

**PART II - SIGNATURES**

I agree to participate under the rules of 4-H and this clinic and agree that neither the event nor sponsors will be responsible for any accident or injury to the person or property of any participant or other person. The participant agrees to indemnify the event organizers and GaDa Dream Stables against any claim or liability for damage caused by him or his animal. The applicant and/or representative hereby agree to abide by all rules for this 4-H Event including the entry system. Participant and parent or guardian hereby attest that they have read the rules for this event and that this applicant and entry meet all rules and regulations for this event.

Signature of **PARTICIPANT** \_\_\_\_\_

Signature of **PARENT/GUARDIAN** \_\_\_\_\_

Signature of **CLUB LEADER** \_\_\_\_\_

Please Mail or email this application, a copy of your health history form, equine waiver, and a current coggins, to **Gaynor Baker** [saddleup99@hotmail.com](mailto:saddleup99@hotmail.com) 15421 River Rd. Chesterfield , Va 23838

Applications will be taken until June 14, 2017 or until evaluation maximum is reached.



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