

## 2017 SOUTHEAST DISTRICT REGION 1 4-H HORSEMANSHIP SKILLS EVALUATION

**PURPOSE:** To allow 4-Hers 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:** Cedar Breeze Farm, 616 Head of River Rd, Chesapeake, VA 23322

**EXAMINERS:** Aimee Shirley and Hunter Shirley

**DATE/TIME:** June 3, 2017 @ 9:00 am

### **NUMBER OF PARTICIPANTS:**

The number of participants will be limited to **10** horse/rider combinations. Start time will be prompt with groups of five testing starting 9 am. We will accept no more than 10.

### **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 for the State Show.
  - 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.

For more information contact: Aimee Shirley cell (757)472-5866  
Fax: (757)204-4244 e-mail: cedarbreezefarm@cox.net

**VA STATE 4-H HORSEMANSHIP SKILLS EVALUATION APPLICATION**

**June 3, 2017**

**Cedar Breeze Farm Chesapeake, 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 The Frederick County Fair 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 fax this application, a copy of your health history form and equine waiver, and a current coggins, to **Aimee Shirley, 616 Head of River Rd, Chesapeake, VA 23322**. Fax: (757)204-424 or e-mail: cedarbreezefarm@cox.net. Applications will be take until Evaluation maximum participants is reached. Please respond with application ASAP to confirm.



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