



Kentucky 4-H Horse Program — Proof of Showing or Clinic Form

This form verifies that the named 4-H member has shown the below horse at a recognized horse show or participated in an Educational Clinic. This form is required for eligibility for the State 4-H Horse Show. This Form must be submitted with all required signatures, with the participant's entry form to the State Horse Show.

Name of 4-H'er _____ County _____

Horse Name _____

Horse Age _____ Circle One Mare Gelding Breed _____ Coat Color _____

Markings _____

Name of Show/Clinic _____

Organization Hosting Show/Clinic _____

Location of Show/Clinic (Arena, City, State): _____

Date of Show/Clinic _____

Judge's/Clinician's Name _____

Exhibitor: I certify that I am an active member of Kentucky 4-H, and that I was the exhibitor of the horse listed at this show or clinic.

Exhibitor (4-H'er signature) _____ Date _____

Parent/Guardian _____ Date _____

Show Manager/Secretary: As show manager/secretary, I have verified that the above horse and exhibitor did participate in the show or clinic indicated above.

Show/Clinic Manager/Secretary's Signature _____ Date _____

Show/Clinic Manager/Secretary Name (Printed) _____

Email _____

Phone _____

