



## 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.

**This form must be completed between January 1<sup>st</sup> and June 15<sup>th</sup> of the year of the 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 \_\_\_\_\_

