

Entry Form
AQHA Region 10 Youth Horse Judging Contest
Saturday, May 16, 2009

4-H County/FFA School/State Breed Assoc (circle one, name): _____

4-H Agent's/FFA Instructor's/Breed Assoc. Advisor's Signature: _____

Email Address: _____ Coach's Name: _____

Address (Include street address, town and zip code) _____

Phone #(_____) _____

SENIOR TEAM MEMBERS	Team Name:					
Name	Birthdate	Age	Street Address	State	Zip Code	Phone Number
						()
						()
						()
						()
JUNIOR TEAM MEMBERS	Team Name:					
Name	Birthdate	Age	Street Address	State	Zip Code	Phone Number
						()
						()
						()
						()
INDIVIDUAL CONTESTANTS						
Name	Birthdate	Age	Street Address	State	Zip Code	Phone Number
						()
						()
						()

Copy additional entry forms as needed. Indicate multiple teams by A, B, C etc. Return completed entry form and registration fee postmarked by May 1, 2009 to Kristine Vernon, 135 Poole Agricultural Bldg., Clemson, SC 29634-0311, Attention: Horse Judging Contest. Entry fee is \$10.00 per youth/team member. Make checks payable to "Clemson University." **Entry forms submitted after the May 1, 2009 postmark date will not be accepted.**