

Horse Judging Clinic March 14, 2009

Entry deadline Feb. 23, 2009

Participant Name: _____ DOB: __ / __ / __ Age as of Jan. 1, 2009

What level of competitor do you consider yourself to be (check one):

Beginner ___ Intermediate ___ Advanced ___

(Clinic is for ages 9-19: Cloverbuds can attend but must be accompanied by a parent and there is no charge for Cloverbuds)

Address: _____
(street) (city) (state) (zip)

County (in which you are enrolled as a 4-H Member for the current year): _____

Telephone Number: () _____ (daytime) () _____ (evening/cell)

Email Address: _____

Any special dietary concerns: _____

Emergency contact: _____

Make your check payable to South Central District 4-H Horse Council.

Mail this entry with a \$20 check and a copy of your 4-H medical release form to:

**Debbie Barham-Campbell
7711 Orrview Drive
Charlotte, NC 28227**