**Intent to participate in Eastern States Horse Tryouts 2020**

I verify that I am currently enrolled in the Maine 4-H Horse Project in

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County. I am a member of good standing in my county. I understand that this form is a requirement for trying out for the Maine 4-H ESE Equestrian Team. I understand that this embossed form is required as it is the only verification of enrollment in the 4-H Horse Project. Therefore, **I UNDERSTAND THAT I WILL BE DISQUALIFIED IF THIS FORM IS NOT EMBOSSED, SIGNED AND POSTMARKED BY 2/1/2020.**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

 4-H Member (signature) Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 4-H Leader or Advisor (signature) Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 County 4-H Staff Person (signature) Date

 *(Verify member has been enrolled or re-enrolled by December 31, 2019)*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent or Guardian (signature) Date

I am planning to tryout as:

* Rider
* Driver
* Teen Leader
* Horse Activity Track

OFFICIAL EMBOSSED SEAL OF COUNTY EXTENSION OFFICE REQUIRED

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_