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 <u>DISQUALIFIED</u> 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

Address:_____

Telephone: _____

Email:_____

OFFICIAL EMBOSSED SEAL OF COUNTY EXTENSION OFFICE REQUIRED

Mail this form to:
UMaine Extension
24 Main Street
Lisbon Falls, Maine 04250