

Intent to participate in Eastern States Horse Tryouts 2018

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 2/1/2018.**

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, 2017)

Parent or Guardian (signature)

Date

I am planning to tryout as:

- Rider
- Driver
- Teen Leader

Address: _____

Telephone: _____

Email: _____

Mail this form to:

UMaine Extension
24 Main Street
Lisbon Falls, Maine 04250

OFFICIAL EMBOSSED SEAL OF COUNTY
EXTENSION OFFICE REQUIRED