

## 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