

APPROVAL FOR 4-H HORSELESS MEMBERS

PLEASE USE A PEN OR TYPE THIS FORM

Exhibitor's Name _____ Phone _____

Date of Birth _____ Age _____ As of 1/1/20_ _____

Mailing Address _____

County _____

Are you limited in any way that requires an accommodation for you to participate fully in 4-H Animal Science activities?

___yes ___no Accommodations Needed _____

This certifies that the above exhibitor is a bonafide 4-H member and is approved to participate in Horseless related activities in the State of New Hampshire.

Date received in the office

County Extension Educator's Signature

Leader's Signature

Member's Signature

Horse's Name

Signature of Hose Owner