

APPROVAL FOR 4-H HORSELESS MEMBERS

PLEASE USE A PEN OR TYPE THIS FORM

Exhibitor's Name _____ Phone _____

Date of Birth _____ Age _____ As of 1/1/09 _____

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 Horse Owner