

MASSACHUSETTS 4-H HORSE PROJECT VERIFICATION FORM



To be completed on every horse that the youth plans to be considered for the New England 4-H Horse Show to be held at the Eastern States Exposition. **Deadline to your county 4-H office - April 10th**

4-H Member's Name: _____

Phone: _____ () _____ Email: _____

Complete Mailing Address: _____

(Street or PO Box, Town, State and Zip Code)

Club: _____

4-H Age: _____ (As of 1/1 current year)

Attach photo showing project horse on both the left and right side.

Attach Photo Here

Attach Photo Here

Animal Name _____ Reg# or ID _____
D.O.B. ____/____/____ Circle: Mare Gelding Breed _____
Markings _____
Date Owned ____/____/____ or Date obtained ("leased") ____/____/____

We have read and understand the rules governing this program and certify that this 4-H Member has managed this horse for the current 4-H year. As parent or guardian, I give permission for the above named youth and animal(s) to participate at the New England 4-H Horse Show at Eastern States Exposition in September.

4-H Member Signature Date

Parent or Guardian Signature Date

4-H Leader Signature Date

4-H Office Use Only:

4-H Office Representative Date Received



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