

TENNESSEE 4-H HORSE ENROLLMENT FORM
20___ (year)
(Please type or print clearly)

Member

Exhibitor's Last Name											Exhibitor's First Name											1	Middle Initial				
Grade*		County (First 5 Letters)					1	Area 1 - 4					Region: Western <input type="checkbox"/>					Central <input type="checkbox"/>					Eastern <input type="checkbox"/>				
Address _____														_____													
(No. and Street)														(E-mail Address)													
_____											_____											_____					
(City)											(Zip Code)											(Telephone Number)					

Horse 1

Horse's Name _____ Height _____

Breed _____ Mare Gelding Age _____

Color _____ Markings _____

Brands _____ Scars _____

Horse 2

Horse's Name _____ Height _____

Breed _____ Mare Gelding Age _____

Color _____ Markings _____

Brands _____ Scars _____

Horse 3

Horse's Name _____ Height _____

Breed _____ Mare Gelding Age _____

Color _____ Markings _____

Brands _____ Scars _____

FORMS MUST BE ON FILE IN COUNTY EXTENSION OFFICE BY MARCH 1

We certify that the above member and horse information is correct and meets all requirements of the Official Handbook BSH INFO-71 which has been read and is understood. We agree to abide by the rules therein.

4-H Member

Parent or Guardian

Extension Agent

* As of January 1 of current year

Original to county Agricultural Extension office. Duplicate to 4-H member.