

4-H EQUINE ENTRY FORM

**Due August 1st in the WSU Extension Office
1216 W. Robert Bush Drive, Courthouse Annex
PO Box 88, South Bend, WA 98586
360-875-9331**



PACIFIC COUNTY FAIR

PO Box 142
Menlo, WA 98561
Fairgrounds Ph# 360-942-3713
Fair Manager: Dave Deskins
Email: ddeskins@co.pacific.wa.us

Exhibitor's Name: _____ Member Number: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Grade Completed: _____ Club Name: _____

(Please remember that 4-H Age is based on how old the member was last year on October 1st)

4-H Age Division (circle): Junior (ages 8-10) Intermediate (ages 11-13) Senior (ages 14 under 19)

Horse's Name: _____ Birthdate: _____ Sex: G or M (*circle one*)

Class Number	Lot	Description of Entry	Safety Clinic (Pass/Fail)	Ribbon Placing	Champion or Reserve Champion Ribbon	Premium Points
Total Premium Points						

By signing this Entry form, I state that my animal(s) meets the Livestock Health Requirements as published in the Pacific County Fair Premium Book. Pacific County Fair and WSU Extension are held harmless from any incidents that may arrive from housing your animal(s) at the Fairgrounds.

Signed: _____ Date: _____
(Parent/Guardian/Legal Aged Member)

CONTINUED ON NEXT PAGE



Pacific County Fair

Washington State University 4-H Youth Development Parental Consent and Release

Participant:

Last Name	First Name	Telephone Number
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Address	City	State	Zip
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As a parent/legal guardian of the above individual, I hereby give my consent for the above-named person to participate in 4-H sponsored activities and exhibits at the Pacific County Fair and all related activities. I also hereby waive and forever discharge claims for damages which the above listed individual, his/her heirs, executors, and administrators may have against the Washington State University Extension, their representatives, agents, and accompanying 4-H program leaders, arising from any injuries, physical or mental, suffered in connection with 4-H sponsored activities at the Pacific County Fair.

In case of an emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the physician selected by the Pacific County 4-H Project Superintendent or their designated representative to hospitalize and secure proper treatment (including surgery) for my child.

I have read, understood and agree to the above statement and do sign this agreement of my own free will.

Parent/Legal Guardian Name (print clearly)

Parent/Legal Guardian Signature	Date
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Address	City	State	Zip
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