WS4HF

5.75SR(6/17)

**WA State 4-H Fair**

**SENIOR Equine Western Games Round Up**

**County Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Complete separate lists for each show section – duplicate this report form as needed.**

**When completed, wrap this report around the completed blue entry cards for the section. Secure with rubber band or paperclip. Prepare and include blue entries for any alternates on your list, also. Be sure you have an entry form for each member listed. When we call alternates, we will not call any alternates if an entry form is not included with your entries. If you replace one of your riders with an alternate, please call the State 4-H Fair immediately – 253/770-5410. You will also be notified if we call one of your alternates.**

**Are you sending any horse entries in this section? 🞎 Yes 🞎 No**

**Our final allocation is \_\_\_\_\_\_\_**

SENIOR WESTERN GAMES ALLOCATIONS

Adams/Lincoln – 2

Asotin – 1

Benton/Franklin – 3

Chelan/Douglas – 1

Clallam – 2

Clark – 11

Columbia – 0

Cowlitz – 3

Ferry – 1

Garfield – 0

Grant – 3

Grays Harbor/Mason – 8

Island – 4

Jefferson – 2

King – 8

Kitsap – 2

Kittitas – 2

Klickitat – 2

Lewis – 6

Okanogan – 1

Pacific – 1

Pend Oreille – 3

Pierce – 10

San Juan – 1

Skagit – 9

Skamania – 4

Snohomish – 11

Spokane – 3

Stevens – 1

Thurston – 5

Wahkiakum – 1

Walla Walla – 1

Whatcom – 12

Whitman – 1

Yakima – 3

**We are sending \_\_\_\_\_\_\_ entries and \_\_\_\_\_\_\_\_ alternate entries.**

**Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Day phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How late may we call you? \_\_\_\_\_\_\_\_\_\_\_p.m. E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This round up form must be signed by your County Extension Staff Person. By approving and signing this form, the staff person certifies that all entries are qualified to represent your county to participate in the State 4-H Fair.**

**Signature of Extension Staff Person for Your County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Adult Responsible for this Section of Exhibitors during the Fair\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **EXHIBITORS NAMES** | **PHONE NUMBER** |
| **1** |  |
| **2** |  |
| **3** |  |
| **4** |  |
| **5** |  |
| **6** |  |
| **7** |  |
| **8** |  |
| **9** |  |
| **10** |  |
| **11** |  |
| **12** |  |
| **ALTERNATE EXHIBITORS**  | **PHONE NUMBER** |
| **1** |  |
| **2** |  |
| **3** |  |
| **4** |  |
| **5** |  |
| **6** |  |
| **7** |  |
| **8** |  |
| **9** |  |
| **10** |  |