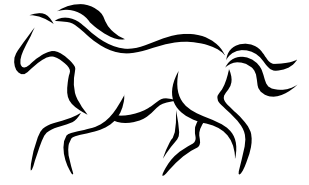


Grays Harbor County 4-H Clinic Form



**Must be turned in to the clinic committee
before your first class**

**All members are REQUIRED to clinic horses they want to exhibit
at the 2021 GHC Fair or countywide equine event.**

> All horse/rider combinations must successfully **complete 1 clinic** in their discipline to be eligible to participate.

Name of Participant: _____

Age Division: (please circle) JR INT SR **Exhibitor/Rider Number:** _____

Get a Green Ribbon (for new rider and/or new horse) **Get a Red Ribbon** (for horses that may kick)

Name of Horse: _____ (Form needed for each discipline)

Name of Parent: _____ **Contact Phone Number:** _____

Name of 4-H Club: _____ **Club Leader Name:** _____

Name of Clinic: _____ **Date of Clinic:** ____/____/____

List classes attended: (circle) Gaming Walk/Trot Walk/Trot/Canter Driving Trail
(Showmanship & one clinic in your discipline are required for each horse/rider combination)

- Showmanship
 - Gaming
 - Performance

(To be Completed by Clinic Person)

Name of Clinician: _____ **Signature:** _____

Pass: _____ **Needs to be seen again:** _____

Comments: _____
