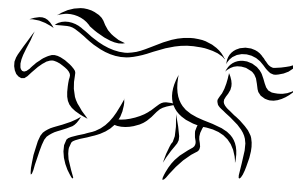


## Grays Harbor County 4-H Clinic Form



**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 2019 GHC Fair.**

> All horse/rider combinations must successfully **complete 1 clinic** in their discipline to be eligible to compete at the county fair.

**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:** (please circle)    Gaming    Walk/Trot    Walk/Trot/Canter    Driving  
(Showmanship & 2 mounted classes are required)

1. Showmanship    Class Number: \_\_\_\_\_

2. \_\_\_\_\_    Class Number: \_\_\_\_\_

3. \_\_\_\_\_    Class Number: \_\_\_\_\_

\_\_\_\_\_  
(To be Completed by Clinic Person)

**Name of Clinician:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Pass:** \_\_\_\_\_ **Needs to be seen again:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_