DECLARATION OF INTENT
For Kitsap County 4-H Equine Project

This declaration is for the purpose of reserving stalls and for planning the show class schedule. Final commitment (form complete) must be made and submitted to the Kitsap County 4-H office by May 1st.

Each exhibitor is allowed a minimum of one (1) equine and guaranteed one (1) stall. Additional allotments will be based on stall availability and order of assignment. Allocation of 2nd equine stalls will be given to seniors, followed by intermediates. If available, 3rd equine stalls will be given to seniors first, followed by intermediates. Record books may be reviewed for thoroughness of record keeping for each animal and used as a decision maker in the event there are more equine than number of available stalls.

Horse certificates will be submitted for each equine that I intend on working with, primary or alternate.

Member Name: ____________________________________________________________

Age Level: ☐ Junior ☐ Intermediate ☐ Senior (Juniors = 1 Equine, Int/Sr = Up to 3 Equine)

Club Name: __________________________________________________________________

Considerations: (Height at withers/length; Mini; etc.) __________________________________________

ORDER OF PREFERENCE FOR STATE TEAM
Please list in order your preference for participation on State Team.
Only one (1) equine may be entered per discipline

<table>
<thead>
<tr>
<th>A. Dressage</th>
<th>B. Driving</th>
<th>C. Gaming</th>
<th>D. Jumping</th>
<th>E. Mini in Hand</th>
<th>F. Performance</th>
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<tr>
<td>1. Equine Name: __________________________ Disciplne: __________________________</td>
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<td>2. Equine Name: __________________________ Disciplne: __________________________</td>
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<td>3. Equine Name: __________________________ Disciplne: __________________________</td>
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Member Signature: __________________________________________ Date: ________________

Parent/Guardian Signature: __________________________ Date: ________________

Club Leader Signature: __________________________ Date: ________________