

WASHINGTON STATE UNIVERSITY

4-H EXTENSION

STEVENS COUNTY 4-H

IS HOSTING

2022 STATE QUALIFYING

AGILITY & DOG SHOW

July 23 & 30

**OPEN TO OTHER COUNTIES & OTHER
YOUTH GROUPS**



WASHINGTON STATE UNIVERSITY
EXTENSION



Entry form for the Steven's County 4-H Agility & Dog Show Competitions

Events:

SATURDAY – JULY 23, 2022

AGILITY COMPETITION – 10:00 -12:00

NEWA FAIRGROUNDS, COLVILLE, WA

SATURDAY – JULY 30, 2022

DOG SHOW COMPETITION – 10:00 – 12:00

NEWA FAIRGROUDS, COLVILLE, WA

Name: _____ Age: _____

Address: _____ Phone: _____

Dog Breed: _____ Age: _____

County: _____ Youth Club: _____

Parents/Guardian Signature: _____

AGILITY CLASSES FOR JULY 23RD

CLASS DESCRIPTION:

CLASS AGES:

STANDARDS INTRODUCTION JR ___ INT ___ SR ___ OPEN ___ CLOVER BUD ___

STANDARDS ELEMENTARY JR ___ INT ___ SR ___ OPEN ___ CLOVER BUD ___

STANDARDS NOVICE JR ___ INT ___ SR ___ OPEN ___ CLOVER BUD ___

JUMPERS INTRODUCTION JR ___ INT ___ SR ___ OPEN ___ CLOVER BUD ___

JUMPERS ELEMENTARY JR ___ INT ___ SR ___ OPEN ___ CLOVER BUD ___

JUMPERS NOVICE JR ___ INT ___ SR ___ OPEN ___ CLOVER BUD ___

SHOWMANSHIP AND OBEDIENCE CLASSES FOR JULY 30TH

CLASS DESCRIPTION:

CLASS AGES:

SHOWMANSHIP/FIT&SHOW JR ___ INT ___ SR ___ OPEN ___ CLOVERBUD ___

OBEDIENCE CLASSES:

INTRODUCTION JR ___ INT ___ SR ___ OPEN ___ CLOVERBUD ___

SUB NOVICE JR ___ INT ___ SR ___ OPEN ___ CLOVERBUD ___

BEGINNER NOVICE JR ___ INT ___ SR ___ OPEN ___ CLOVERBUD ___

PRE NOVICE JR ___ INT ___ SR ___ OPEN ___ CLOVERBUD ___

NOVICE JR ___ INT ___ SR ___ OPEN ___ CLOVERBUD ___

GRADUATE NOVICE JR ___ INT ___ SR ___ OPEN ___ CLOVERBUD ___

Ages as of October 1, 2021 are:

- 5-7 cloverbud (classes offered at local events but not at State Fair)
- 8 – 10 junior
- 11 – 13 intermediate
- 14 – 18+ senior

Please mail forms to Jody Hoffman, 115 W. Cedar Loop, Colville, WA 99114

Or

E-mail a copy to me at jodyh4866@gmail.com

I will need the information by July 21 for Agility and July 28 for Dog Show.

Washington State 4-H No-Fault Form & Parental Consent & Release Form

Participant:

Name:

Address:

4-H Club or Group:

Telephone:

Parents:

As parent/guardian of the above individual, I permit the individual to participate in 4-H event forever discharge claims for damages which the above listed individual, their heirs, executors, and administrators may have or accrue against Washington State Extension, their representatives, agents and accompanying 4-H sponsored activities. I also approve of emergency care for the above individual, under the direction of the event leader or consulting doctor, even if I can't be contacted, (cross out the last statement if you do not wish to grant medical consent) I have read, understand and agree to the above statement and do sign this agreement of my own free will.

Parent Signature:

Telephone:

Date:

Address: