



**County Fair 4-H Horse Qualifying Form 2024**  
 (complete both sides) **Return to the OSU Extension Service by June 1 at 5 pm**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Leader Name: \_\_\_\_\_ Club Name: \_\_\_\_\_

I am a: Novice Jr \_\_\_ Jr \_\_\_ Novice In \_\_\_ In \_\_\_ Novice Sr \_\_\_ Sr \_\_\_

Novice Junior: Will you have an attendant in the showmanship ring? Yes \_\_\_ No \_\_\_

- **Attach** this form to your Fair Entry Form and submit it to the OSU Extension Service on or before **June 1 at 5 pm.**
- **All sections** of this form (front & back) must be completed for you to be eligible to participate in the 4-H Horse Show at County Fair. **Member – Leaders – Parents: Don't Forget To Sign It!!**

**Horse Information: Vaccination Record and Dates, Veterinary:**



**Veterinary's Name & Phone:** \_\_\_\_\_

Tetanus: \_\_\_\_\_ Influenza: \_\_\_\_\_

Encephalomyelitis: \_\_\_\_\_

Other: \_\_\_\_\_ Date: \_\_\_\_\_ Other: \_\_\_\_\_ Date: \_\_\_\_\_

**Parasite Control and Dates:**

Method & Drug: \_\_\_\_\_ Date: \_\_\_\_\_

Method & Drug: \_\_\_\_\_ Date: \_\_\_\_\_

**Foot Care and Dates:** (trimmed or shod)

\_\_\_\_\_ Date: \_\_\_\_\_ \_\_\_\_\_ Date: \_\_\_\_\_

**Horse Declaration:** please put the name of the horse you will use for:

Performance: \_\_\_\_\_ Ground Training: \_\_\_\_\_

Gaming: \_\_\_\_\_ Reinsmanship: \_\_\_\_\_

List any other horse that you are carrying in your record book:

\_\_\_\_\_  
 \_\_\_\_\_

**Parent and Leader:**

- My member has completed the following Horse Advancements and they are signed off:
 

___ Level 1 General Advancements (Knowledge, Ground Work)	___ Level 1 Gaming Advancements
___ Level 1 General Advancements (Knowledge, Ground Work, Riding)	___ Level 1 Driving Advancements
___ Level 1 Trail Advancements	___ Level 1 Jumping Advancements

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Leader's Signature**

# 4-H Horse Member's Permission Form 2024

(complete both sides)

This form needs to be completed and returned for any Columbia County horse member who wants to compete at County or State Fair.

**Return to the Extension office by June 1 at 5 pm**

Name of Member: \_\_\_\_\_ Jr \_\_\_\_ In \_\_\_\_ Sr \_\_\_\_

## Parents:

A. To be completed by parent of member: Emergency Medical Release

As a parent of the above named member, I authorize the 4-H Volunteers in charge of the Columbia County 4-H Horse Show, the OSU 4-H Extension Staff, or the Columbia County Fair Board to secure medical attention by a physician for my son or daughter if needed while they are at the Fair.

\_\_\_\_\_  
Doctor's Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Insurance Provider

\_\_\_\_\_  
Group #

\_\_\_\_\_  
**Parent's Signature**

B. To be completed by parent of Intermediates and Seniors:

If my child is eligible through County selection to attend State Fair, I will arrange for transportation and supervision at the State Fair. I will pay a \$25.00 fee for State Fair as a qualifier and/or alternate. The fee is due at the time of the State Fair Horse Exhibitors meeting held before the 4-H Awards Program at County Fair (this fee is for t-shirts, pictures, decorations, etc.). Refund Policy: no refunds will be given after five business days from the state fair horse meeting.

\_\_\_\_\_  
**Parent's Signature**



## Member:

A. To be completed by the member – Junior, Intermediate or Senior:

I understand that points from Showmanship plus either English or Western Equitation (whichever is highest), will count towards selection for any special awards or for State Fair qualification. I understand that in the event of a tie, the trail score, then presentation/public speaking scores, and if a tie still results showmanship scores will be used to break it.

\_\_\_\_\_  
**Member's Signature**