## HORSELESS HORSE ENROLLMENT SHEET

To be filled in by 4-H member
Due - May 1, 2015

Member's Name		Club			
Home Address		Phone	ema	il	
Member's DOB/ month / day / year	_	Ye	ar in Horseles	s Horse Project	
Are you interested in riding in a class at	the 4-H Horse Sho	w? (if so, s	ubmit \$50 fee	as indicated below)	
Yes	No No				
ENROLLMENT FEE: If you plan to a \$50 enrollment fee is required for each				a clinic or open rio	łe,
Please mark the box if enclosed.	Please mark th	ne box if yo	ou have previo	usly paid.	
Member Signature	Parent Signature				
If you are riding a 4-H Horse Project me their horse you plan on riding. It is the re order for you to participate in the fair.					
4-H Member's Name (Owner of Horse you plan to ride)	Name of Horse(Horse you plan to ride)				
If you want to use a horse for the fair, we copy of the 5-way & West Nile vaccina regarding the owner and horse's name.				_	
Horse Owner's Name	Telephone Number				
Horse's Name	Gender	_ Age	Horse's DO	OB/	
	(mare or geld	ing)		month/ day / year	
Registration #	Brand	Color _		Breed	
Include a copy of either the receipt from the	vet or a store receip	t listing vac	cinations if you	administer your own.	
Minimum vaccinations include:	Г	D1 .			
<ol> <li>West Nile Virus</li> <li>(5-Way) vaccination against         <ul> <li>(EEE) Eastern Equine Infectious Ence</li> <li>(WEE) Western Equine Infectious Ence</li> <li>Tetanus</li> <li>Influenza</li> <li>Rhinopneumonitis</li> </ul> </li> </ol>	phalomyelitis	-	ture of you wi	th the horse you ir	