

Montana State 4-H Horse Committee



NOMINATION FORM

Due February 1, 2017

RETURN TO:

Sharla Sackman

Interim 4-H Horse & Livestock Coordinator

PO Box 7

Terry, MT 59349

sackman@montana.edu

Name _____ County _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

SIGNED: *County 4-H Council President* _____

SIGNED: *County Extension Agent* _____

Please write a brief, but thorough, state to each of the following. (use extra sheets if necessary)

Experiences Working with Horses:

Experiences Working in 4-H:

Involvement in the Community:

***** Please include a letter of recommendation from your county agent and/or 4-H council**