

This form may be duplicated  
Due Date: **March 1 of current year**  
Mail to: Amber D. Moffett  
2029 Fyffe Rd,  
Columbus, OH 43210-1095  
Fax: 614-292-1515

Entry fee: **\$30.00 per team**  
Make checks payable to:  
**State 4-H Horse Committee**

## STATE 4-H HORSE BOWL CONTEST

County: \_\_\_\_\_ Coach Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Senior Division \_\_\_\_\_  
\_\_\_\_\_ Junior Division Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

\*\*Each team receives 1 parking pass included with their entry fee. If you need additional parking passes, please indicate how many are required and include that amount with your entry form.

**Additional Parking Passes Required:** \_\_\_\_\_ x **\$5.00** = \_\_\_\_\_

### **CONTESTANTS:** (Make individual #1 the Team Captain)

1. Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

2. Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

3. Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

4. Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

### **Alternate:**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_