

**HIPPOLOGY/JUDGING CLINIC
ENTRY FORM**

**FEBRUARY 9, 2008
REGISTRATION OPENS AT 8:00 A.M.
LOCATION: OSU HORSE FARM**

County: _____

Contact Person: _____

Address: _____

Phone: _____

Number of Youth Attending:

Since a limited number of tests will be printed, we need to know how many youth you will be bringing to the program. Please indicate the number attending.

_____ Juniors _____ Seniors

(\$5.00 per youth early, **\$10.00 per youth at the door**)

Amount enclosed: \$ _____

(Make check payable to The State 4-H Horse Committee)

Send to: Sheila Bushong, 10685 Arlington Rd., Brookville, OH 45309, or
call: (937) 884-7019

Please return by **February 1st** as a limited number of materials will be printed.