

CONNECTICUT 4-H HORSE SHOW ENTRY FORM - One entry form per horse/rider combination

Rider's Name: _____ Age (as of 1/1): _____ *Exhibitor #:* _____

Address: _____ Town, State & Zip _____

Phone: _____ Email Address: _____

Horse's Name: _____ County Enrolled In: _____

If showing a registered horse, list breed and registration number _____

ENTRY 1 Class #: _____ Class Description: _____ Fee: _____

ENTRY 2 Class #: _____ Class Description: _____ Fee: _____

ENTRY 3 Class #: _____ Class Description: _____ Fee: _____

ENTRY 4 Class #: _____ Class Description: _____ Fee: _____

ENTRY 5 Class #: _____ Class Description: _____ Fee: _____

ENTRY 6 Class #: _____ Class Description: _____ Fee: _____

ENTRY 7 Class #: _____ Class Description: _____ Fee: _____

ENTRY 8 Class #: _____ Class Description: _____ Fee: _____

ENTRY 9 Class #: _____ Class Description: _____ Fee: _____

ENTRY 10 Class #: _____ Class Description: _____ Fee: _____

Total Entry Fees: _____

Post-Entry Fee (if applicable): _____

TOTAL submitted: _____

Entry fees are \$10 per class unless otherwise noted. Entries received after July 14th or on the day of the show will be charged an additional \$20 per rider post-entry fee. No refunds on pre-entries without a veterinarian's or doctor's note.

Signatures Required on Page 2

Mail entry forms along with copies of approved verification/lease forms, proof of rabies & negative Coggins to:

Carol Birdsey
Attn: State 4-H Horse Show
2 Randolph Road, Middletown, CT 06457

Venmo Preferred @CTState-Horse
Make checks payable to CT State Horse Advisory

Forms may be emailed to: rbirdsey01@snet.net

I agree by signing below not to hold the horse show committee, show steward, judges, Tolland Agricultural Center or anyone involved with the horse show liable for any injury, theft, or death occurring at the CT 4-H Horse Show.

Rider's Signature _____ Date _____

Parent/Legal Guardian Signature if under 18 _____ Date _____

OFFICE USE ONLY:

Rabies: _____ ***Coggins:*** _____ ***Exhibitor Number:*** _____ ***4-H Forms:*** _____ ***Date Rec'd:*** _____

UConn | **EXTENSION**



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