

# Walworth County 4-H Horse & Pony Project Checklist

NAME: \_\_\_\_\_

CLUB: \_\_\_\_\_

HORSE/PONY NAME & NEGATIVE COGGINS DATES: \_\_\_\_\_

- ✓ **CHECK WHICH MANDATORY MEETING YOU ATTENDED:** \_\_\_\_\_ February 18, Senior Center  
\_\_\_\_\_ March 16, Elkhorn Middle School

**TURNED IN THE FOLLOWING TO THE UW-EXTENSION OFFICE (by May 1 at 5:00pm):**

- \_\_\_\_\_ Completed identification forms
- \_\_\_\_\_ Two color photos (or coggins with photos)
- \_\_\_\_\_ Signed code of conduct form
- \_\_\_\_\_ \$20.00 registration and insurance fee

**DATE & CLINICIAN'S SIGNATURE ON THE APPROPRIATE LINE BELOW:**

RIDING CLINIC #1 \_\_\_\_\_

(At least two must be at the Elkhorn location)

RIDING CLINIC #2 \_\_\_\_\_

(At least two must be at the Elkhorn location)

RIDING CLINIC #3 \_\_\_\_\_

(At least two must be at the Elkhorn location)

SPEED/GYMKHANA CLINIC #1 \_\_\_\_\_

SPEED/GYMKHANA CLINIC #2 \_\_\_\_\_

SPEED/GYMKHANA CLINIC #3 \_\_\_\_\_

DRIVING CLINIC #1 \_\_\_\_\_

DRIVING CLINIC #2 \_\_\_\_\_

DRIVING CLINIC #3 \_\_\_\_\_

✓ **CHECK THE EVENTS THAT YOU PARTICIPATED IN:**

- |   |  |
|---|--|
| _____ Tack Sale – March 19                | _____ Mock Show – July 18-19                   |
| _____ Pizza Ranch Impact Night – April 5  | _____ Attended a Committee Meeting             |
| _____ Brat Hut/Gymkhana – May 27          | _____ Ambassador                               |
| _____ Mounted Shooting – Memorial Weekend | _____ Health Clinic                            |
| _____ Brat Hut/Gymkhana – July 1          | _____ UW-River Falls Leadership Conference     |
| _____ Open Fun Show – July 17             | _____ State Speaking and Demo Contest – May 5  |
| _____ Boot Camp – July 18-19              | _____ State Horse Bowl & Hipp. Contest – May 6 |

MEMBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Hand this completed form in to the UW-Extension office or scan and email to [chelsea.dertz@ces.uwex.edu](mailto:chelsea.dertz@ces.uwex.edu) no later than August 8, 2017.

**COMMITTEE ONLY:** Requirements met for member to show at the Qualifying Show? YES NO  
Committee President's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Key Leader's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

