

# Walworth County 4-H Horse & Pony Project Areas of Interest Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

4-H Club: \_\_\_\_\_

Age: \_\_\_\_\_ Years in Horse & Pony Project: \_\_\_\_\_

Please check boxes below indicating areas you are interested in participating:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Horse Riding       | <input type="checkbox"/> Pony Riding           | <input type="checkbox"/> Horseless Horse    |
| <input type="checkbox"/> Horse Driving      | <input type="checkbox"/> Pony Driving          | <input type="checkbox"/> Equine Education   |
| <input type="checkbox"/> Dressage / Jumping | <input type="checkbox"/> Mini Driving          | <input type="checkbox"/> Ambassador Program |
| <input type="checkbox"/> Speed / Gymkhana   | <input type="checkbox"/> Other (explain below) | <input type="checkbox"/> Drill Team         |

**As a 4-H parent/guardian, are you interested in volunteering at Walworth County Horse & Pony events?**

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Do you know of anyone who may be willing to teach at a Horse and Pony clinic?**

These could be instructors, vets, experts, arena owners, etc. All ideas are welcome. The committee will follow-up with the individuals. Please include their name, contact information, and title (if known).

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