

Due: May 1<sup>st</sup>

Pony/Horse Form

**Van Buren County Youth Fair  
HORSEBACK RIDING FOR HANDICAPPERS**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Exhibitors Birth: \_\_\_/\_\_\_/\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Club: \_\_\_\_\_  
Horse's Name: \_\_\_\_\_  
Is the Exhibitor: 4-H or Open  
Who Filled Out This Form? Exhibitor Parent Leader

Please Circle:  
**ALL AGES**

Please CIRCLE Your Classes

**Showmanship**  
  
510

**Pleasure/Equitation Stock**  
**Seat**  
  
558

**Parent/Leader Signature:** \_\_\_\_\_  
**Exhibitor Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Office Use Only**  
Revised April 1, 2009  
Height "With Shoes" \_\_\_\_\_ Date Measured \_\_\_\_\_  
(N.T.B.M. Yes)  
Changed Horses: Yes Reason: \_\_\_\_\_  
Horse Council Approved: Yes/No  
Date Approved: \_\_\_\_\_  
Receives Points: No

**\*\*No Changes Will Be Made To This Form\*\*  
\*\*\*After May 1<sup>st</sup>\*\*\***