

MINIATURE/DRAFT HORSE SHOW REGISTRATION FORM
(2011)

MEMBER AGE _____
(As of Jan 1 of this year)

Fee: _____ (Miniature Horses \$25.00/Draft Horses \$25.00)

Exhibitor # _____
(First letter of last name and last 4 #'s of social security)

Please type or print legibly, except where a signature is required. Complete this form and attach a color photo of your horse and a current coggin's test for this year to this form. Read and sign the MEDICAL and PARENTAL DISCLAIMER. Return this form to your General Leader for review. Any information not completed will result in incomplete registration and will be returned to your General Leader.
(PLEASE PRINT CLEARLY AND NEATLY)

Club: _____

Name: _____

Address: _____ Birthday: ____ / ____ / ____

City/Zip: _____ Phone: _____

E-mail: _____

Parent(s) or Guardian: _____

Horse's Registered Name: _____

Horse's Nickname (barn name): _____ Mare: ____ Gelding: ____

Color: _____ Age: _____ Height: _____

Please check below which name you want on your yearend certificates and/or plaques:

Registered Name Barn Name

MEDICAL AND PARENTAL DISCLAIMER

I give my approval for (member name) _____ to participate in the Macomb County 4-H Horse Shows. I, as parent/guardian of the above named person, assume all risks, hazards, and liability incidental to his/her participation. I further agree and understand that there are risks of injury and/or death connected with participation in this horse show. I have read and understood the Michigan Equine Activity Liability Act, 1994 P.A. 351.

We agree to abide by the rules of the Macomb County 4-H Horse Program and mini/draft sub-committee.

Member signature

Parent signature

Leader signature

Date

Please return this form on or before May 1st to:

Lesla Mignot
16760 27 Mile Rd.
Ray, MI 48096
586-781-0895

**If you are showing a mini and a draft
you must fill out a form for each and include
the fee for both.**

YOU MUST INCLUDE A COPY OF NEG. COGGINS AND A COLOR PICTURE OF YOUR HORSE!