Horse Educational Clinic/Training/Workshop Form

Use this form to receive credit for attending an event in order to fulfill exhibition requirement

Name: _____ Date: _____

First Last

Email: _____ Phone #: _____

preferred method of contact (please circle one) Email Phone

Youth Organization Name (4-H club, FFA chapter, Girl Scout Troop, etc.): _____

How many years have you been active in Horse with this organization? _____

Name of educational clinic/training/workshop: _____

Address/Location: _____ Date: _____

Who was the host/sponsor of the workshop? _____

Did your horse attend with you? ☐ Yes ☐ No If so, name of that horse: _____

What were you hoping to learn at this clinic/training/workshop? (be specific)	
What did you learn at this clinic/training/workshop? (be specific)	
How will you apply what you learned to your project?	Would you recommend others to take this? (explain)

Participant Signature: _____ Date: _____

Mail completed form to: La Crosse County UW-Extension, 212 6th St N Suite 2200 La Crosse, WI 54601

For 4-H Staff or Fair Superintendent *(circle one)* **Use**

Date Reviewed ____ / ____ / ____

☐ Approved

Approved By: _____

☐ Denied Approval

Why? _____

_____