

**2009 4-H STATE HORSE EVENTS REGISTRATION**

Please return **by June 1, 2009** to Wendy DeVito, Animal Science Extension,  
P.O. Box 110910, Gainesville, FL 32611-0910. Fax 352-392-9059.

COUNTY \_\_\_\_\_ DISTRICT \_\_\_\_\_

4-H Agent \_\_\_\_\_ Phone # \_\_\_\_\_

**\*\* County Agent Signature** \_\_\_\_\_

**Horse Individual Demonstration** (Blue level Senior at District to qualify)  
Birthdate

NAME \_\_\_\_\_

Address \_\_\_\_\_

Demonstration Title \_\_\_\_\_

**Horse Team Demonstration** (Blue level Seniors at District to qualify)  
Birthdate

NAME \_\_\_\_\_

Address \_\_\_\_\_

NAME \_\_\_\_\_

Address \_\_\_\_\_

Demonstration Title \_\_\_\_\_

**Horse Public Speaking** (First place Senior at County to qualify)  
Birthdate

NAME \_\_\_\_\_

Address \_\_\_\_\_

Speech Title \_\_\_\_\_

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COUNTY \_\_\_\_\_

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**\*\* County Agent Signature** \_\_\_\_\_

**Quiz Bowl**

Coach \_\_\_\_\_ Phone # \_\_\_\_\_

Coach's address \_\_\_\_\_

Coach's email \_\_\_\_\_

**TEAM MEMBERS (may be 4 or 5)**  
**(14 & older as of Sept. 1, 2008)**

Birthdate

NAME \_\_\_\_\_

Address \_\_\_\_\_

NAME \_\_\_\_\_

Address \_\_\_\_\_

NAME \_\_\_\_\_

Address \_\_\_\_\_

NAME \_\_\_\_\_

Address \_\_\_\_\_

NAME \_\_\_\_\_

Address \_\_\_\_\_