

Attachment B

2024 District 12 4-H Horse Judging Contest

Team Designation Form

This form must be completed, signed, and turned in to the county Extension agent prior to the contest.

County _____ Coach's Name _____

This team will compete as a: ☐ **Junior** ☐ **Intermediate** ☐ **Senior**

Team Member Information

Use ID# provided in the registration packet for the respective 4-H member.

	<u>ID#</u>	<u>Full Name</u>	<u>Grade</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____

I certify that the team listed above was determined and recorded on this form prior to the 4-H member competing in this event.

Printed Name

Signature (Coach/County Extension Agent)