

Attachment B

2025 District 12 4-H Horse Judging Contest

**Team Designation Form**

This form must be completed, signed, and turned into 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.

	<b><u>ID#</u></b>	<b><u>Full Name</u></b>	<b><u>Grade</u></b>
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)