

**HIPPOLOGY CLINIC  
ENTRY FORM  
March 17, 2012**

**REGISTRATION OPENS AT 8:00 A.M.  
LOCATION: OSU Equine Facility  
3658 Kays Ave.  
Dublin, OH 43107**

County: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Number of Youth Attending:**

**Since a limited number of tests will be printed, we need to know how many youth you will be bringing to the program. Please indicate the number attending.**

\_\_\_\_\_ Juniors \_\_\_\_\_ Seniors

**(\$5.00 per youth on or before March 1<sup>st</sup>, \$10.00 per youth after entry deadline)**

Amount enclosed: \$ \_\_\_\_\_

(Make check payable to The State 4-H Horse Committee)

**Send to:** Shelia Bushong  
10685 Arlington Rd  
Brookville, OH 45309

Please return by **March 1<sup>st</sup>** as a limited number of materials will be printed.