

This form may be duplicated
Registration Deadline: **March 1st of current year**
Mail to: Horse Bowl Contest
2029 Fyffe Ct
Columbus, OH 43210
Fax: 614-292-1515

Entry Fee: **\$30.00 per team**
Make Checks Payable to:
State 4-H Horse Committee

STATE 4-H HORSE BOWL CONTEST

County: _____

Coach Name: _____

Address: _____

_____ Senior Division (14 and up as of Jan 1)

_____ Junior Division (13 and under as of Jan 1)

Phone: _____

Email: _____



**“Pay-N-Display” machines are located in each parking lot
(Plumb Hall & Animal Sciences).
The cost is \$5 for the day. Tickets MUST be displayed in the vehicle.**

CONTESTANTS:

(Seat position must be declared prior to competition. Youth must remain in that chair the entire duration of the contest. The only exception is if alternate replaces seated player during match.)

Chair 1. Name: _____ Birthdate: _____

Address: _____

Chair 2. Name: _____ Birthdate: _____

Address: _____

Chair 3. Name: _____ Birthdate: _____

Address: _____

Chair 4. Name: _____ Birthdate: _____

Address: _____

ALTERNATE:

5. Name: _____ Birthdate: _____

Address: _____

****All information must be filled in for each contestant****

(1) As 4-H or FFA instructor, I verify that the 4-H member is in good standing in the club or chapter and is enrolled in or has successfully completed the project in which s/he has entered. (2) As Extension Professional, I verify that the youth is a 4-H member in good standing in the county. Any photographs taken of me or anyone over whom I am legal guardian become the sole property of the Ohio 4-H Horse Program. Such photographs may be used at the Program's discretion without compensation to or prior approval from me.

Advisor _____ Date _____

Extension Professional _____ Date _____