Attachment B

2018 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.

	ID#	Full Name	DOB
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)