## ADAMS COUNTY EQUINE PROJECT REGISTRATION FORM

Due at Equine Registration, May 14, 2022 9am – 12pm

Use a separate form for each equine.

A current picture of you with this equine will be taken at Horse Registration.

Member Name:			_ Age as of Jan. 1:
Date of Birth:/ 4-F	I/FFA Club:		
Address:			
Home Phone:		Cell Phone:	
Parent/Guardian Name:			
Horse Name:			
Breed:			
Color:			
Markings:			
Show as (Circle One):	Pony	Horse	
Lease Own (Circle or	ne) (If leased	l, attach lease agre	ement.)
By signing this form, members and Advisor certifies that they approve		lian certify that the	e above information is correct.
4-H/FFA Member:			
4-H/FFA Advisor:			
Parent/Guardian:			
Il Equine must be measured annually			
Will be measured and scored @ Equi	ine Registrati	ion	
ight: Hands	_ <i>Inches</i> (offi	ce use only)	
dy Condition Score:	_ (office use	only)	
gistration # (office use on	ly)		