



For Office Use Only  
 Rider # \_\_\_\_\_ Helmet Check  
 Coggin's # \_\_\_\_\_  
 Date Read: \_\_\_\_\_  
 Stall # \_\_\_\_\_ Cleaned Yes No

**Pony Express 4-H Horse Show Registration**  
**Show Date: May      September      October**

Rider's Name: \_\_\_\_\_ Mount Name: \_\_\_\_\_  
 Street \_\_\_\_\_ Phone \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Age as of Jan 1: \_\_\_\_\_  
 Rider's email address \_\_\_\_\_

Class Number:

Class #	Class Name	Class #	Class Name

Fees:  
 # of Classes- \_\_\_\_ x \$5 = \$\_\_\_\_ (PRE-Registered)  
 # of Classes- \_\_\_\_ x \$7= \$\_\_\_\_ (Registered at Show)  
 Stall Cleaned Fee \$20- Yes or No  
 Payment: Cash or Check      Check Number: \_\_\_\_\_

**Important**

- 1. CURRENT Coggins required**
- 2. ALL riders are required to wear an ASTM/SEI approved helmet. AT ALL TIMES WHEN MOUNTED, under 4-H rules (in and out of the ring)**
- 3. PAYMENT DUE at conclusion of your show day.**

I release the Pony Express 4-H Club, its members and leader, as well as the University of Maryland Cooperative Extension Service and its staff, from all liabilities associated with my child's or my own participation in this horse show. I agree to abide by the Rules of Conduct as set forth by the show staff.

X \_\_\_\_\_ Signature of Participant  
 X \_\_\_\_\_ Signature of Parent/ Guardian