

Completed forms are to be sent to the State 4-H Horse Program Coordinator within 30 days of a testing event. Mail to: Chris Anderson, 4-H Youth Development Specialist, Maryland 4-H Center, 8020 Greenmead Drive, College Park, MD 20740

NOTE: All reports must be submitted by August 15 for determination of State Fair Eligibility each year

Maryland 4-H Equine Showmanship and Equitation Standards Examiner Report

Maryland 4-H Horse Program

Examiner Name _____ Address _____ Date of Report _____
Phone Number _____ Email Address: _____

Youth Participation Summary

4-H Member's Name	4-H Member's Address	4-H Member's County	Date of Testing	Location of Testing	Level of Test	Type of Test	Pass or Fail
					<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> Knowledge <input type="checkbox"/> Handling or Riding	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
					<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> Knowledge <input type="checkbox"/> Handling or Riding	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
					<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> Knowledge <input type="checkbox"/> Handling or Riding	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
					<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> Knowledge <input type="checkbox"/> Handling or Riding	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
					<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> Knowledge <input type="checkbox"/> Handling or Riding	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

I certify that the above information through my role as Maryland 4-H Equine Showmanship and Equitation Standards Examiner.

Examiner signature: _____