

KING COUNTY 4-H HORSE PROGRAM
CONTRACT FOR HORSE SHOW OFFICIAL

Name of Official _____ Show Name _____
Official Position _____ Show _____
Date(s) _____
Show Beginning _____ Show Ending _____
Address _____ Home Phone _____
City _____ Cell Phone _____
State _____ Zip Code _____ Fax _____
Fee per day _____ Total Fee(s) _____

1. The official is responsible for selecting and publishing patterns for posting for the following classes:

2. Patterns to be forwarded to Show Management one week prior to day of show
3. King County, Washington State 4-H, then WSH, then USEF rules apply as per rules book(s) included with this contract.
4. The above named official agrees to officiate at the show designated above, arriving no later than ½ hour before show starting time.
5. Official agrees to provide comment on judge's cards as time is allowed. Cards will be posted after classes. Personal encouragement to participants in encouraged.

The show will be responsible for the following expenses:

Lodging: _____ Dates: _____

Reservations have been made at : _____

Payment for lodging for the above named official is to be billed directly to Show Manager with original receipt and will be reimbursed day of show or by mail.

Meals: _____

Travel expenses from: _____ One Way _____ Round Trip _____

Public transportation via _____ In the amount of \$ _____

(To be paid by the official and reimbursed with original receipt)

Personal Auto _____ Miles at \$ _____ per mile for a total of \$ _____

Other _____

It is further agreed those expenses other than specified above, i.e. phone calls, drinks, liquors, and bar charges are the responsibility of the official. It is further agreed that lodging, meals, or transportation for any other person accompanying the official are not the responsibility of the Horse Show Management.

Show Manager/Show Secretary

Official

Date _____

Date _____

King County Medals Program – Record of Qualifying Riders

Date _____ Club _____ Show Secretary _____

Judge(s) _____ Show Location _____ Phone _____

HIGH BLUE QUALIFIERS

Showmanship	Hunt Seat Eq	Stock Seat Eq

Saddle Seat Eq	Bareback Eq	Trail

DRESSAGE QUALIFIERS

List all dressage scores 60% and above in regular classes.

List Medals rides: 61% and up Bronze: 62% and up Silver: 63% and up Gold and Supreme

RIDER	TEST SCORE	TEST PERFORMED

Please return to Lori Glasgow PO Box 1410 Buckley, WA 98321
Or Fax to 360.829.6355 If you have any questions please call me at: 360 829-4115

RELEASE FORM – HUNT SEAT OVER FENCES CLASSES

Show Date: _____

Show Sponsor: _____

The undersigned is aware that there are certain risks of injury that necessarily accompany any activity concerning horses. The undersigned is aware that there is a higher degree of risk of injury or damage associated with Over Fences classes. The undersigned parties acknowledge that the rider _____ and the horse _____ have received sufficient training and are competent and capable of jumping the maximum height specified for the class(es) being entered.

Please mark height(s) being attempted at this show:

	Max fence height
_____ Cross rails	18" (measured at center of 'x')
_____ Open	2'3"
_____ Bronze	2'3"
_____ Silver	2'6"
_____ Gold	2'6"
_____ Supreme	2'9"

Rider Signature

Parent Signature

Date

Parent Name (printed)

Washington State 4-H Incident Report Form

(Complete one on each person involved)

Please submit this form to the county 4-H office within seven days of the incident. Also include any photographs, news articles, police reports, coroner's reports, etc.

Name of 4-H sponsored event: _____

Date of event: _____ Location: _____ County: _____

Club: _____ Contact Person: _____ Phone: _____

Address: _____

Person involved: _____
Last name First name Middle initial

Address: _____

Age: _____ Sex: Male: _____ Female: _____ Status of Event: _____

Type of incident: Behavioral: _____ Accident: _____ Illness: _____

Other: _____

Date of Incident: _____ Time of Incident: _____ (am/pm)

Emergency reported to: _____ by: _____

Volunteer/Staff in charge at time of incident: _____

Parent or Guardian Notified –Date: _____ Time: _____ By whom: _____

Emergency Contact Notified – Contact Name _____ Phone: _____
Date: _____ Time: _____ By whom: _____

Adult(s) on the scene _____

Adult(s) rendering aid _____

WITNESS: (have at least two, more may be useful)

Name: _____

Address: _____

Where located at time of incident? _____

Over Please

Description of Incident
(Use additional pages if necessary)

1. Sequence of activity (e.g., at end of the workshop, at the beginning of club meeting, during leisure time. What had preceded in terms of type of activities?)

2. Location (e.g., where did the incident occur in the workshop/activity space in relation to instructor/supervisor and other participants?) A diagram is frequently helpful.

3. Just exactly what was the person involved doing and how did the incident occur? What was going on? Who was involved?

4. What could/should the injured person have done to have prevented the incident? (If appropriate, might ask the person involved what he/she could have done to prevent the injury?)

5. Action taken at time of incident:

6. Action taken as follow-up to incident:

FOLLOW UP REQUIRED:

_____	_____	_____
Name	Position	Date
_____	_____	_____
Name	Position	Date

Signatures of persons completing all or part of report

**SHOW RECAP SHEET
KING COUNTY 4-H HORSE LEADERS**

Show Date _____ Club _____

Show Secretary _____ Phone _____

Number of Participants _____ X \$5.00 = _____

Medals Awarded _____ X \$10.00 = _____

Supreme Entrants _____ X \$10.00 = _____

Total amount due Horse Leaders = _____

Make Checks Payable to KC 4H Leaders Committee

Date Paid _____

Check No _____

Paid By _____

Phone No _____

Return with payment to KC 4-H Horse Leaders Treasurer:

Paula Stobart
38235 247th Ave SE
Enumclaw, WA 98022
360.825.7354
253.797.0895

King County Judge Evaluation

JUDGE:
CLUB:

SHOW DATE:
LEADER:

Please circle 1-10 with 10 being the best score, and make any additional comments desired.

Was judge prepared and on time? 1 2 3 4 5 6 7 8 9 10
Comment:

Did judge use time efficiently? 1 2 3 4 5 6 7 8 9 10
Comment:

Did judge work within 4-H rules? 1 2 3 4 5 6 7 8 9 10
Comments:

Was judge given current #4753 Rules Book and Medals book with current revisions? __yes/ __no
Date given:

Did judge work well with children? 1 2 3 4 5 6 7 8 9 10
Comments:

Did judge work well with show management? 1 2 3 4 5 6 7 8 9 10
Comments:

What did you like about this judge?

What did you dislike about this judge?

Would you use this judge again?

Were there any problems with medals classes or with medals procedures?

Any additional comments:

Please return to: Lori Glasgow PO Box 1410 Buckley, WA 98321

State Qualifying Class Results

Please copy this form as needed and provide results for each state qualifying class.

Age Level: _____ Intermediate _____ Senior

Class: _____ Showmanship _____ Stockseat Eq _____ Bareback Eq
_____ Trail _____ Hunt seat Equitation _____ Saddleseat Eq
_____ Equitation Over Fences (2' – 2'3")

of Exhibitors in Class: _____

<u>Placing</u>	Rider #	Rider Name
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

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