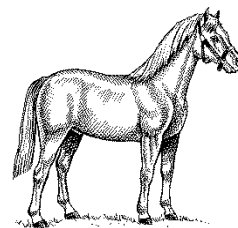




**SAWYER COUNTY
4-H PROJECT RECORD**



HORSELESS HORSE PROJECT
(use this form if you do show a horse)

This form must be completed for each horse or pony you have as your project animal. This form must be submitted with a copy of the horse's current Coggin's paper by May 1 to the Extension Office.

Name:
Address:
Club:
Member's Date of Birth:
Years in Project:
Years in 4-H:

Attach a photo of you and your horse.

HORSE INFORMATION

Name of Horse		
Breed of Horse	Sex	Age
Height	Color	
Markings		

Style of Riding (check one or more)

<input type="checkbox"/>	Huntseat	<input type="checkbox"/>	Saddleseat	<input type="checkbox"/>	Western	<input type="checkbox"/>	Driving
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Name of Owner:

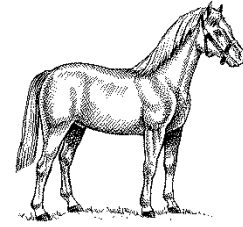
Member Signature:

Parent Signature:

Horse Project Leader Signature:	Date:
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**SAWYER COUNTY
4-H PROJECT RECORD**



HORSELESS HORSE PROJECT
(use this form if you do show a horse)

This page to be included in the Record Book with the following pages.

Name:
Address:
Club:
Member's Date of Birth:
Years in Project:
Years in 4-H:

Attach a photo of you and your horse.

HORSE INFORMATION

Name of Horse		
Breed of Horse	Sex	Age
Height	Color	
Markings		

Style of Riding (check one or more)

<input type="checkbox"/> Huntseat	<input type="checkbox"/> Saddleseat	<input type="checkbox"/> Western	<input type="checkbox"/> Driving
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Name of Owner:

Member Signature:

Parent Signature:

SHARING

How did you share what you learned with others? (Demonstrations, community service, talking to local clubs, helping other youth, Talent Explosion, district shows, State Fair, Clothing Revue, Food Revue, etc.) Do not include Sawyer County Fair.

Activity	Date/Location

SAWYER COUNTY FAIR EXHIBIT RECORD FOR THIS PROJECT

What was exhibited	Placing

WAYS YOU RECEIVED HELP THIS YEAR INCLUDE: (check all that apply)

<input type="checkbox"/>	Attended project training offered in the county
<input type="checkbox"/>	Attended project training offered at District or State Level
<input type="checkbox"/>	Guidance from 4-H Leader
<input type="checkbox"/>	Guidance from Parent
<input type="checkbox"/>	Reading and use of literature, books, audio visual resources
<input type="checkbox"/>	Guest presenters
<input type="checkbox"/>	Own knowledge
<input type="checkbox"/>	Help from friends/other youth
<input type="checkbox"/>	Other (describe)

REFLECTING

What did you do in this project?
What did you learn in this project? What did you learn about yourself?
What did you like about this project? Why?
What would you do differently in this project?
How can you use what you learned in other areas of your life?