

EXPENSES (One Calendar Per Horse including feed, bedding, supplements, boarding exp., lessons, clinics, shows, teaching, tack, equipment etc.)

Horse's Name: _____

Month	
October	
November	
December	
January	
February	
March	

Horse Name:

Expenses (cont'd.)

Month	
April	
May	
June	
July	
August	
September	

Annual Summary

Costs are optional, but good for 4-Her's to figure so they are aware of how much their activity costs and teaches budgeting.

Feed Costs / month	\$ _____	Income From Animal Sales	\$ _____
Farrier Expenses	\$ _____	Income From Equipment Sales	\$ _____
Purchases Animals (Optional)	\$ _____	Income From Prizes	\$ _____
Other Expenses	\$ _____	Other Income	\$ _____
TOTAL Expenses	\$ _____	TOTAL Income	\$ _____

These are the State Fair qualifying activities in which I participated:

I plan on attending the June Clinic (please check): _____ yes _____ no

Exhibitor's Signature _____

Leader's Signature _____

Parent's Signature _____
(If Exhibitor is an Independent Member)

Date _____

I have not completed two qualifier activities, therefore, I understand I am not eligible to participate in State Fair.

Exhibitor's Signature _____

Leader's Signature _____

Parent's Signature _____
(If Exhibitor is an Independent Member)

Date _____

IF you QUALIFY to go to State Fair, the **FORMS MUST BE COMPLETED and SIGNED BEFORE** you leave Youth Fair. You **MUST** contact the Extension Office by July 30th if you want to ride or NOT, so the next alternate may ride. It is your responsibility to contact Margie Ragosta 424-9485 x236 to confirm your intention to participate or not to participate at the State Fair. Alternates will be contacted as confirmations come in. Please help fill all the spots by keeping the deadline.