

2016 FAIRFIELD COUNTY JUNIOR FAIR
ALTERNATIVE HORSE CLINIC/DOG CHECK-IN DAY WAIVER
(This is for Horse & Dog Exhibitors)

Alternative Waiver Options

Members who choose to use one of these alternate events in place of participating in the required Fairfield County Horse Clinic or Dog Check-In Day must complete an Alternative Horse Clinic/ Dog Check-In Day Waiver and submit it to their club/chapter advisors. Advisors are then asked to verify the information on the form, sign it, and **submit or have postmarked to the Extension Office by August 26, office hours are 7:30am to 4:00pm.**

Note: Members may choose to use one of the options below to count as your species alternative horse clinic/dog check-in day. **Please check 4-H calendar or contact the Extension Office for more details.**

I _____ of _____ 4-H Club/FFA Chapter have participated in (check all that apply) and have attached a copy of the official results showing my name as a participant in:

For Horses Only:

- _____ 2016 Health and Safety Speaking Contest (held in June) on the subject of _____
- _____ 2016 Demonstration Contest for Fairfield County (held in July) on the subject of _____
- _____ 2016 State Fair Skill-a-thon for Horses on _____ (date).
- _____ 2016 Spring Horse Clinic held on April 22 at the Fairfield County Fairgrounds.
- _____ State Judging Team Event (held in Summer) for horse on _____ (date).
- _____ FFA Advisor – Approved Event on _____ (date). Event _____
- _____ Hippology Judging Contest (check state 4-H Calendar for date) on _____ (date).
- _____ State Horse Bowl Contest (check state 4-H Calendar for date) on _____ (date).
- _____ State Horse Judging Contest (check state 4-H Calendar for date) on _____ (date).

For Dogs Only:

- _____ Showed my Dog at the 2016 State Fair and went through the veterinarian check for registration. (Submit with this waiver your ID form, a copy of your vaccination certificate, license receipt and tag)
- _____ I did not go to the 2016 State Fair but took my dog to the veterinarian for a checkup in the month of August (Bring copy of license receipt with tag, Dog Project ID Form, Vaccination Certificate, and paper work of appointment).

By signing below, we indicate that the above named individual has participated in the event(s) listed.

_____ Coordinator of Event	_____ Name of Event and Date	
_____ 4-H/FFA Advisor	_____ Date	
_____ Parent/Guardian	_____ Date	
_____ Signature of Exhibitor	_____ Date	_____ Members Phone Number