Snohomish County 4-H Horse Program *****Request for Waiver of Horse Judging Requirement for Fair*****

APPPROVAL IS REQUIRED BEFORE REGISTERING FOR FAIR

This request must be postdated by July 14th To: Melinda Nelson 5515 257th st NE, Arlington, Washington, 98223 or email to fairsuperintendent@snoco4-hhorse.com

| Name: | Telephone: | | |
|-----------------------------------|---|---|---|
| Address: | | | |
| Club: | | | |
| Leader: | Phone:_ | : | |
| Listed below are the reasons that | I could not attend ANY of the | e 4-H judging's. | |
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| I understand that I must have dor | e an education project to atte | end Fair - this is what I did in lieu of Judging: | |
| | | | - |
| The below signatures certify that | the above information is corre gible for state fair participatio | rect and hereby request that this Waver Request be approve on and premium payment, and must participate in a judging a | |
| Member: | | Parent | |
| Leader: | | Date: | |
| | | | |
| Official use only: | | | |
| Date received: | Approved: | Not Approved: | |
| Family notified onby ma | il/phone Superintendents Sig | gnature: | |