**Missouri Tennessee Walking Horse  
4-H Achievement Record Report Form**

**Project** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Year** \_\_\_\_\_\_

**Member’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State** \_\_\_\_\_\_\_\_ **Zip** \_\_\_\_\_\_\_\_\_\_\_

**County** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Birth Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Social Security #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grade in school as of January 1, this year** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of School** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **# of years enrolled in this project** \_\_\_\_\_\_\_\_\_ **# of years enrolled in 4-H** \_\_\_\_\_\_\_\_\_

**Name of your 4-H Club or Group** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of your parents or guardians** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4-H Achievement Award Guidelines**

1. Any 4-H member enrolled in a horse project can participate.
2. All participants must be a member of the Tennessee Walking Horse Breeder’s and Exhibitors Association.
3. All 4-H members must be using a Registered Tennessee Walking Horse as their project animal for that year.
4. All applications and record books must be submitted to the State Extension office by March 1st, because the deadline for the state extension leaders is to turn it into the Walking Horse Association is April 1st.
5. Any member who wishes to participate must have their 4-H Horse Enrollment form in before March.
6. Record all projects that you have done on all forms.
7. Winners will receive a pair of Oster A5 Clippers and TWHBEA Apparel and will be recognized at the National Celebration in August.

**Statement by 4-H member:**

**I have personally prepared this report and believe it to be correct.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Member’s signature Date

or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) assisted me in preparing this form because \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I certify the information is correct and I performed the work reported.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member’s signature Date

**Approval of this report:**

**We have reviewed this report and believe it to be correct.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Volunteer 4-H Leader Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County Extension Agent who supervises this project Date

**Horse information – must be a Registered TWH to qualify.**

Name Registration #

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What do you feed your horse(s), how much and why did you choose this feed?

2. What special equipment have you purchased for your horse(s) and why?

3. List the skills you wish to learn or goals you wish to accomplish this year by enrolling in this project (fill out at beginning of 4-H Year):

4. List which skills you learned and the goals you accomplished this year (fill out at end of 4-H Year to show which goals you did accomplish and which ones you plan to do next year):

1. List the project activities, exhibits shown and competitions you participated in this year and list the placing you received if applicable.

**Individual**

**Club or County Wide Group**

**District or State**

6. I helped others or demonstrated leadership in my project by:

7. The people who helped me in this project were ( Please tell who they are and what they did to help you):

8. My favorite part of my project and/or what I am most proud of:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FEED/FOOD RECORD** | | |  |  | **MISCELLANEOUS EXPENSES RECORD** | | | |
| **Date** | **Kind of Feed** | **Amount** | **Value** |  | (example: equipment, vet fees, other you would like to list) | | | |
|  |  |  |  |  | **Date** | **Kind of Expense** | | **Cost** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | **TOTAL:** |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | **MISCELLANEOUS INCOME RECORD** | | | |
|  |  |  |  |  | **(If Applicable)** | |  |  |
|  |  |  |  |  | **Date** | **Kind of Expense** | | **Cost** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | **TOTAL:** |  |  |
|  |  |  |  |  |  |  |  |  |
| **Total Value of** | |  |  |  |  |  |  |  |
| **Feed/Food $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |  |  |  |  |  |

**Additional Project Information**

You may attach **one page** of additional project information regarding your project that you would like to share. **This is optional**. Share any daily riding charts, training hours, barn work, shoeing, shots, etc. that you would like to include.

**Do Not Attach Ribbons, Certificates, Etc.**