

**Missouri 4-H Equine Career Tour Registration
May 20-27, 2019
Illinois, Wisconsin, Michigan, Canada, Ohio, Indiana
Missouri 4-H Teens 14-18**



A completed registration packet containing the following 4 items must be postmarked by March 1, 2019:

- ◆ Both pages of registration completed
- ◆ Reference Letter
- ◆ \$325 Deposit (or full amount of \$650). Checks payable to Clinton County Extension
- ◆ Wallet size photo (head shot) such as school photo

Registrations will be prioritized by completeness and date received.

Final payment of \$325 due before May 1. Questions? Debbie: (816) 866-9800

Return forms/payments to:

***Debbie Davis, 4-H Youth Specialist
Clinton County Extension
607 Lana Drive, Suite A, Cameron, MO 64429***

**TOTAL COST:
\$650
(Includes most expenses)**

Name (First—for name tag) _____ (Last) _____

Address _____ City _____ Zip _____

Youth Email (Print clearly) _____ Youth Cell phone (____) _____

T-shirt Size ___S___M___L___XL___XXL___XXXL Age 1/1/19 _____ M___F___

Roommate(s) Preference _____

Parent/Guardian Information

Name _____ Primary Phone (____) _____

Address _____ Second Phone (____) _____

Best email address (Print clearly) _____

Alternate Emergency Contact

Name _____ Primary Phone (____) _____

Relationship _____ Second Phone (____) _____

___ *Check if you need a letter from the Missouri Department of Education supporting this event as an excused absence.*

'I verify that this 4-H member is currently an active 4-H member and offer my recommendation for his/her participation in this tour.

Signature or email message acceptable (send to davisdd@missouri.edu)

County 4-H Youth Specialist or YPA Signature _____

4-H County of Membership _____ Date _____

Include a letter of recommendation from either your 4-H Staff, 4-H Club or Project Leader (non-relative) verifying your interests, active 4-H member status, and maturity for tour participation.

****This tour will require either a current passport or original birth certificate.**

Specific travel information will be sent to participants after March 1, 2019.

An equal opportunity/access/affirmative action/pro-disabled and veteran employer

Describe your horse world.

Describe your expectations of this tour.

What are some questions/concerns you have about the tour?

Below is a listing of potential equine industry and careers we can explore on our tour. Please rate your top ten interests using 1-10 with #1 being your top choice to help plan our tour.

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Rodeo | <input type="checkbox"/> Equine Welfare | <input type="checkbox"/> Riding Apparel | <input type="checkbox"/> Farm /Barn Management |
| <input type="checkbox"/> Equine Art | <input type="checkbox"/> Equine Therapy | <input type="checkbox"/> Research | <input type="checkbox"/> Reproduction |
| <input type="checkbox"/> Equine Photography | <input type="checkbox"/> Rescue/Adoption | <input type="checkbox"/> Medical | <input type="checkbox"/> Training |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Hunter/Jumper | <input type="checkbox"/> Dressage | <input type="checkbox"/> Saddle/Harness Making |
| <input type="checkbox"/> Harness Racing | <input type="checkbox"/> Western Performance | <input type="checkbox"/> Barrel Racing | <input type="checkbox"/> College: |

Specific Breeds: _____

What are your potential career goals?

Describe how 4-H has helped you with your career skills, especially in the horse project.

What else would you like for the tour chaperones to know about you?

Refund Policy & Waiting List

Upon receipt of the completed Equine Career Tour Registration Packet and deposit, the member will be considered a tour participant. Should it become necessary for the member to withdraw after registration, it is their responsibility to find an appropriate replacement. Refunds will only be issued if there is a suitable replacement delegate. We understand emergencies arise, but tour expenses are prepaid based upon a member's commitment. A waiting list of applicants will be maintained in order received to fill vacancies should it become necessary.

Please check this box and sign below to verify that you understand and agree to this refund policy.

Parent/
Guardian _____ Date _____

Youth Signature _____ Date _____