

Return by FEBRUARY 15 to:
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2014 4-H Horse Program Advisory Committee Representatives

District _____

Extension Educator Member

Name _____ County _____

Volunteer Member

Name _____ County _____

Address _____

Telephone _____ e-mail _____

District Committee Chairperson *

Name _____ County _____

Address _____

Telephone _____ e-mail _____

2014 District 4-H Horse Show

District # _____

Show Date _____ County _____

Location _____

Chairperson _____ County _____

Address _____

Telephone # _____ e-mail _____

Agent Contact (**If show chairperson is volunteer**) _____

Address _____

Telephone # _____ e-mail _____

Person Responsible for State Show Entries

Name _____ County _____

Address _____

Telephone # _____ e-mail _____

* NOTE: This may *or* may not be the same person as the district show chair.