LEVEL 1 - 2 EXAMINER Recommendation
Pennsylvania 4-H Horsemanship Skills

County ____________________________

Name ____________________________________________________________________

Address ___________________________________________________________________
__________________________________________________________________________

Phone home ____________ work __________________________

FAX ______________________________________________________________________

Check one: extension agent ______ screened volunteer ______

I recommend the above person to be a LEVEL 1-2 EXAMINER for 4-H Horsemanship Skills.

County Extension Agent signature ________________________________

Date _________________

Examiner Trainer(s) signature ________________________________

Date _________________ ________________________________

Upon completion of certification, please return this form to:
Extension Horse Specialist (Youth)
Penn State University
324 Henning Bldg.
University Park, PA 16802-3503