



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

County _____

Name _____

Address _____

Phone home _____ work _____

FAX _____

Check one: extension educator _____
screened volunteer _____

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

County Extension Educator 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