



San Diego County 4-H Horse Event Request

Date of Event: _____ Type of Event: _____

Place: _____

Coordinator(s): _____



Schedule:

Safety Monitors: _____

First Aid Crew: _____

Judges: _____

Date Submitted: _____

Budget:

Estimated Income: _____

Less

Estimated Expenses: _____

TOTAL: _____

Approved _____ Not Approved _____

Reason: _____
