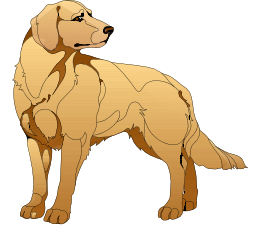


2024 WYOMING COUNTY FAIR ENTRY FORM



Youth Entry – Department H Section 9 - DOG CARE & OBEDIENCE

Mail to: 4-H Office, 36 Center Street Suite B, Warsaw NY 14569

DUE BY: JULY 15

Exhibitor's Name: _____

Address: _____

Birthdate: _____ Phone: _____

Dog's Name: _____ Breed: _____

Instructor's Name: _____

Check Class You Are In:

OBEDIENCE CLASSES		AGILITY CLASSES		RALLY OBEDIENCE CLASSES	
<input type="checkbox"/>	D-1 Grooming & Handling Beginners	<input type="checkbox"/>	D-15 Pre-Novice I Agility (w/o treat)	<input type="checkbox"/>	D-20 Rally Obedience Novice A
<input type="checkbox"/>	D-2 Grooming & Handling Experienced Exhibitors	<input type="checkbox"/>	D-16 Pre-Novice II Agility	<input type="checkbox"/>	D-21 Rally Obedience Novice B
<input type="checkbox"/>	D-3 Beginner A	<input type="checkbox"/>	D-17 Novice Agility	<input type="checkbox"/>	D-22 Rally Obedience Intermediate Advanced
<input type="checkbox"/>	D-4 Beginner B	<input type="checkbox"/>	D-18 Open Agility	<input type="checkbox"/>	D-23 Rally Obedience Advanced
<input type="checkbox"/>	D-5 Beginner C	<input type="checkbox"/>	D-19 Excellent Agility	<input type="checkbox"/>	D-24 Rally Obedience Excellent
<input type="checkbox"/>	D-6 Graduate Beginner A	<input type="checkbox"/>		<input type="checkbox"/>	D-25 Rally Obedience Master
<input type="checkbox"/>	D-7 Graduate Beginner B	<input type="checkbox"/>	FUN RUN	<input type="checkbox"/>	
<input type="checkbox"/>	D-8 Novice A	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	D-9 Novice B	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	D-10 Advanced Novice	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	D-11 Graduate Novice	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	D-12 Open	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	D-13 Brace	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	D-14 4 Man Team	<input type="checkbox"/>		<input type="checkbox"/>	

Date of most recent: _____ Rabies Shot _____ 4-Way Shot

I hereby certify that my dog's Immunity Sheet, Rabies and 4-Way Vaccination Certificates are on file with the 4-H Office.

Signed _____
Signature of 4-H Member

Signature of 4-H Member's Parent or Guardian