



# Michigan Fox Trotter Association, Inc.



## YOUTH PROGRAM BONUS FORM

Use a New Form for each event

Name			
Address			
Horse Name	Reg. No.		

Check the Box	Date	Class Name	Placing
Spring Show Missouri <input type="checkbox"/>			
Celebration Missouri <input type="checkbox"/>			
State 4-H Horse Show <input type="checkbox"/>			
Expo <input type="checkbox"/>	Location		Date
Parade <input type="checkbox"/>	Location		Date
Clinic <input type="checkbox"/>	Location		Date
Demonstration <input type="checkbox"/>	Location		Date
Drill Team <input type="checkbox"/>	Location		Date
Vaulting <input type="checkbox"/>	Location		Date

Use the back for additional information

Steward's or Organizer's Signature \_\_\_\_\_

Phone \_\_\_\_\_

Under the Michigan Equine Activity Liability Act, an equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine activity (PA 351 of 1994)

Send To: Michigan Fox Trotter Association Inc.  
 Youth Program  
 Attn: Charleen Ostrom  
 1759 Benton Rd.  
 Charlotte, Michigan 48813

<b>For Office use Only</b>		
Date Received	Verified By	Date
POINTS	Committee Person	Date