

**CLARK COUNTY
4-H HORSE PROJECT
EDUCATION CREDIT FORM
DUE AUGUST 1 TO BRITTANY LUCHTERHAND**

Date _____

Name _____

4-H Club/FFA Chapter _____

Class/Instructor/Seminar Name

Hours _____

Address of Facilitator

Signature of 4-H Member

Signature of Parent/Guardian

Signature of Facilitator

Complete form and return to: Brittany Luchterhand
121 N West St
Loyal, WI 54446