

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

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 Demott  
121 N West St  
Loyal, WI 54446