

4-H Horse Evaluator Request for Payment Form

Evaluator's Name _____

Address/City/Zip _____

Telephone number _____

Email _____

Location of Evaluation _____

Date _____

Name of 4-H'er & County (those evaluated)	Achievement Level
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Signature of Evaluator _____

Send completed form to: State 4-H Office
201 Umberger Hall
Kansas State University
Manhattan, KS 66506-3404

Do NOT collect any fees locally. Submit this form at least yearly or as funds are needed.