



BLM and University of Idaho 4-H Youth Development Wild Horse Training Program Application

Applicants Full Name (First, MI, Last): _____

Mailing Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Alternative Phone: _____

Email Address: _____ 4-H Club Name: _____

4-H Volunteer Leader Name: _____

Number of Years as 4-H Member? _____ Number of Years as 4-H Horse Member? _____

4-H members age (as of January of the active year) _____

Have you ever halter broke or worked with weanling or yearling (explain if yes)?

Please tell us why you would like to be involved in this program and receive a wild horse to gentle and halter break? (100 words or less)

I understand that _____ is applying to participate in the University of Idaho 4-H and BLM Wild Horse Training Program and will support their efforts. Signing this application also authorizes BLM & 4-H to use any photographs that may be taken of the participants during this program for updates, marketing and promotions.

4-H Member Signature Date

4-H Member's Parent/Guardian Signature Date

4-H Volunteer Leader Signature Date

County Extension 4-H Youth Development Staff Member Signature Date