UNIVERSITY OF
MARYLAND
EXTENSION

Maryland 4-H Equine Showmanship and Equitation Standards Examiner Report
Maryland 4-H Horse Program

Examiner Name _____ **Address**_____ **Date of Report** _____
Phone Number _____ **Email Address:** _____

Youth Participation Summary

4-H Member's Name	4-H Member's Address	4-H Member's County	Date of Testing	Location of Testing	Level of Test	Type of Test	Pass or Fail
					☐ 1 ☐ 3 ☐ 2 ☐ 4	☐ Knowledge ☐ Handling or Riding	☐ Pass ☐ Fail
					☐ 1 ☐ 3 ☐ 2 ☐ 4	☐ Knowledge ☐ Handling or Riding	☐ Pass ☐ Fail
					☐ 1 ☐ 3 ☐ 2 ☐ 4	☐ Knowledge ☐ Handling or Riding	☐ Pass ☐ Fail
					☐ 1 ☐ 3 ☐ 2 ☐ 4	☐ Knowledge ☐ Handling or Riding	☐ Pass ☐ Fail
					☐ 1 ☐ 3 ☐ 2 ☐ 4	☐ Knowledge ☐ Handling or Riding	☐ Pass ☐ Fail

I certify that the above information through my role as Maryland 4-H Equine Showmanship and Equitation Standards Examiner.

Examiner signature: _____