Indiana
Half-Arabian Horse Club
2007 4-H Horse Project

The Project Application is attached along with additional information.
Indiana Half-Arabian Horse Club 4-H Youth Horse Project

The Indiana Half-Arabian horse Club will be awarding one Half-Arabian Registered 10 year old Mare to an eligible 4-H youth (ages 13-17 as of January 1st of the calendar year) for the care, feeding, training, and showing to promote the qualities of the Half-Arabian horse during the first two years of ownership.

The application needs to be received by June 15th, 2007 by mail at the address given.

The received applications will be judged and a top 10 Candidates will be selected and contacted by phone or e-mail. These final 10 will be interviewed at the State Fairgrounds on June 30th, 2007 during the A.H.A. Region 13 Championship show. The one selected will be notified by phone the following week. The presentation of the horse to the Winner will be August 6th, 2007 at the State Fair Grounds during the 4-H Saddle Seat Day. The Winner will be responsible for the transportation of the horse from the State Fairgrounds to its new residence.

Among the responsibilities of the winning youth beyond the routine care are the ability to show the horse at their local County fair and/or State Half-Arabian Events. The youth will be responsible to report updated information as to the health and show event results that the mare has participated in during the year to the breeder (the previous owner).

The local County Extension 4-H Youth Development Educator and or Agricultural Educator and/or Equine specialist will assist in the proper recommendations for the general care and health of the animal. During the first year of receiving the animal, the youth is encouraged to show and provide marketing items that promote this project at the above events.

Ownership will be transferred to the 4-H’er and parent/legal guardian at the presentation in August. If all requirements are not completed the project would be terminated and the horse would either be presented to another 4-H’er or returned to the breeder.

The Objectives of the Project are:

• To learn and develop the responsibilities for caring for a horse.
• To learn about the economics of caring for a horse as a business venture.
• To develop new skills, knowledge, contact and career ideas related to the Half-Arabian industry.
• To develop creative communication skills and promotional information for the display about the Half-Arabian Horse and the Club.
• To help a youth obtain and show a Half-Arabian at their local county Fair and/or State Fair event.
• To teach horse interested families about the Half-Arabian Industry.

Several Facts to consider about this project:

The youth can have the experience of raising a Half-Arabian without the large cash
layout of purchasing the animal.

The Indiana Half-Arabian Horse Club 4-H Youth Horse Project is ideal for older teens that have mastered their own/or leased horse and are looking for new challenges. It helps keep teens involved with an animal project and constructive with their time.

The Indiana Half-Arabian Club is a great avenue for youth to pursue a career concerning the many horse-related occupations in a growing industry.

The documented expenses from receiving and caring for the horses feed, health care, hoof trims, etc., along with any show winnings, publicity income, etc, are to be documented and this information shared with the breeder on a quarterly basis. This experience of having a valuable animal in the care of an interested youth for the promotion of this Breed is a vital portion of the program.

The following requirements must be completed during this project:

The animal is to be inspected by a local Veterinarian to be proven sound and in good health at the beginning and conclusion of the project.

The youth will record all income and expenses that are incurred with the animal on a monthly basis and a quarterly report will be mailed to the breeder and the Half-Arabian Club Coordinator.

The youth will need to report on all local, county, regional and state shows that the animal was entered in and how they placed for the year. Any photos, promotional shots, and advertising of the animal will be forwarded to the Indiana Half-Arabian Club for publicity. A media release form will need to be completed and on file.

Any marketing items (i.e. – breed promotion posters, notebooks, 3-D displays, banners or similar mass media) can be created and reproduced for the educational purposes on behalf of the Half-Arabian Horse Club.

An Extension staff member will need to inspect the housing, paddock, and general barn facilities of the animal to determine that proper care is being administered to the animal. (This should occur at the beginning of the project). In the event that animal is not being properly cared for, a notice will be sent to the project coordinator and the determination will be made for of the animal in a different farm setting.
For further information:
Sheryl Adamson, Youth Project Coordinator/Director
633 West County Road 200 North
Danville, IN
46122-9126
Phone# 317-745-5230

Cathy Gage
Half-Arabian Club President
6705 East Payne Road
Indianapolis, IN
46203
Phone# 317-359-3754

Email: bruce_adamson@sbcglobal.net
cgage@imcpl.lib.in.us
Application for the Indiana Half-Arabian Horse Club
4-H Youth Horse Project

*Application is due June 15th, 2007*

NAME__________________________________________________________________
ADDRESS ______________________________________________________________
________________________________________________________________________
CITY___________________________________________________________________
STATE_________________________________ ZIP CODE ______________________
COUNTY_________________________________
PHONE _________________________________ E-MAIL_______________________
AGE __________________________ BIRTHDATE _______ / ________ / __________
Are you enrolled in the 4-H Horse Project this year? _______Yes ________No
How many years have you been enrolled in the 4-H Horse Project? ______________
What major 4-H horse events or activities have you participated in?

Club___________________________________________________ Date ____________
County ________________________________________________ Date ____________
State__________________________________________________ Date ____________
National ______________________________________________ Date ____________

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The Application should include the following:

**4-H Leader Recommendation**: Please have your 4-H Leader write a letter of recommendation to the Half-Arabian Youth Project Coordinator to accompany this application.

**County 4-H Educator Recommendation**: Please have your county 4-H extension educator write a letter of recommendation to the Half-Arabian Youth Project Coordinator to accompany this application.

**Half-Arabian Horse Facilities**: Use this page to diagram and describe your barn and pasture facilities. It is important that enough room is available so the animal can receive adequate exercise. Indicate barn layout, design, dimension, pasture acreage, type of fencing, equipment, etc. Photos need to be included showing the housing, fences and pasture areas.
Please list your major 4-H horse activities, communication skills and leadership experiences in the horse program. Include any special recognition you received from your County 4-H horse experience.

Explain why you want to be a candidate for this project and what you hope to gain from the experience.

It is important that the youth has the full support of the parents/guardians with this project. Please have your parents indicate why they would like to have you enrolled in the program should you be selected to participate. Include any relevant experiences related to working with horses.

(Attach the letter of support of the parents/guardians to this page.)

Signed ___________________________________________ Date ___________
(Signature of parent /Guardian)
Do you own or have access to an enclosed horse trailer for transporting your horse if you are selected? _______Yes ______No

Do you have other horses on the farm? _______Yes ______No

If yes, how many? _______ _____ Mares _______ Geldings _______ Stallions

What Breeds? ___________________, __________________, __________________

Please give the name and address of your local Veterinarian that you will be working with:

Name_____________________________

Address ___________________________

_______________________________

Phone (______)____________________

Is there a local person you can call upon for assistance if you are accepted in the program? _______Yes ______No

If Yes, please give his/her name:

Name ______________________________

Address ____________________________

_______________________________

Phone (_____) ______________________

Signatures of people approving the youth’s participation in this project:

Youth __________________________________________________Date____________

Parent/Guardian _________________________________________Date ___________

County Extension Educator ________________________________Date ___________

4-H Leader ______________________________________________Date ___________

4-H Leader’s Address _____________________________________________________
Indiana Half-Arabian horse Club Photo/Video/Audio Release Form

All adults and youth participants involved with any Indiana Half-Arabian Club events must complete this form for media release. The events are sometimes photographed and/or videotaped for the use in the Indiana Half-Arabian Horse Club promotional and educational materials.

I authorize the Indiana Half-Arabian Horse Club to record my image and voice (or that of my minor child named below) and give the Indiana Half-Arabian Horse Club permission or authority, all rights to use these recorded images and voice. I understand that said image and/or voice would be for educational, advertising and promotional purposes in all conventional electronic media, including but not limited to the Internet, and any future media.

I also authorize the use of any printed material in connection therewith.

I understand and agree that these images and recordings may be duplicated, distributed with or without charge and/or altered in any form or manner with future or further compensation or liability, in perpetuity.

Date _____________

Subject’s Name __________________________________________(Please Print)

Signature _________________________________________________________

(Parent/Legal Guardian must sign if subject is under 18 years of age)

Address __________________________________________________________

___________________________________________________________

County of Residence ________________________________________________

Phone (_____) _______________________

E-Mail Address ____________________________________________________
Upon completion, return the entire 5 page application to:

Sheryl Adamson
Half-Arabian Youth Project Coordinator
633 West County Road 200 North
Danville, Indiana

46122-9126