

July 2026

Re: NYS 4-H Horse Team Competition, "Intercounty" at Niagara County Fairgrounds, Lockport, NY

Hi Folks!

It's that time of year again to start planning your teams!

Mail in your entries or drop them off to Deb Olaf. Required to register your team: Team Entry Form, Class Entry Form, and payment. It's great if you can include all the other forms, but if it will hold up your entry, participants may bring them with them at check in. Entries due by Sept 30th please.

IMPORTANT: PLEASE BRING YOUR COGGINS/RABIES AND REMAINING FORMS TO THE OFFICE BEFORE FINDING YOUR STALLS AND UNLOADING. WE MUST CHECK COGGINS/RABIES BEFORE HORSES ARE UNLOADED. If you have already shown your paperwork to us earlier in the season, you may disregard. Stable choice will still be based upon date/time of entries received. Please have the team come to the office upon arrival with paperwork.

We have an indoor arena, but some events will be outside, so please bring rain gear, warm clothes, etc., to adjust for unpredictable October weather.

Please find the enclosed information regarding our multi-county event: a description of events, registration and camping fees, class lists, some basic guidelines, entry forms, medical releases, etc. We are limited to 12 teams.

NOTE: Please be sure to have your 4-H leader, or county chairperson email Chery Bish or Deb Olaf for proof of 4-H enrollment to participate.

***Please strip stalls prior to departure. This helps to keeps our entry fees low.

Sincerely,
Cheryl Bish, Karen Randall, Ashley Randall, Deb Olaf, Kate Schlager
Niagara County 4-H

Questions? Please contact:
Deb Olaf at 716-474-4412 or dolaf@verizon.net
Cheryl Bish at 716-439-4499 or CKRFarms@aol.com

Or check out the Facebook page – Niagara County Intercounty Team Competition

Mail entries to Deb Olaf | 3192 Quaker Rd Gasport, NY 14067. Checks made out to Cheryl Bish.

New for 2026 – added cloverleaf barrels to the stable manager class.

STABLE MANAGER: Stable manager must be a senior member as of January 1st of current year. This is a challenging job as this person is the “parent” for the weekend. They must be organized, reliable, and well-rounded. They are in charge of getting team members to be at the right place at the right time, and also have proper tack and equipment for the class they are participating in. They need to make sure horses are properly cared for and that their stables are clean. This is not an easy task and takes a special person to take on the challenge. The stable manager participates in the team problem, knowledge test, and herdsmanhip, which are part of the team score.

NYS 4-H HORSE TEAM COMPETITION OCTOBER 9, 10, 11 - 2026

THIS IS A TEAM COMPETITION. Each team consists of **four (4)** riders and **one (1)** stable manager. **The stable manager must be a senior member.** Teams must be composed of **TWO JUNIOR** and **TWO SENIOR** riders. Competition is open to youth 9-19 years of age; they must be 4-H members. See entry form for age specifications.

The event will consist of three phases:

1. **HORSE KNOWLEDGE COMPETITION** – Team of five, to be held Saturday afternoon. All members will be given an exam. Questions will be taken from the state educational resources for 4-H hippology and horse bowl. We will also schedule a team problem during one of the two days.
2. **STABLE MANAGEMENT**- To take place Saturday and Sunday. All teams will have six (6) stalls. All items must be kept in the tack room. Drapes are optional. Manager **MUST** be a senior member. Formal inspection is included with this score. Fitting and Showmanship will be included as part of formal inspection (1/3 of score). Decorations and/or themes for stalls and teams are encouraged. You may score ‘bonus points’ on your stall inspections!
3. **RIDING PHASE** – Trail, Dressage (or Western Dressage), and Game classes will take place Saturday. English and Western to be held Sunday. This is one horse/one rider combination. More than one rider **CANNOT** use the same horse, except under extreme circumstances (must be discussed with show committee). (1/3 of score)

As you will see on the team checklist, there is a Junior and Senior division for the following classes: English & Western Equitation/Horsemanship, Command, English & Western Pleasure, Bridle Path Hack, Trail, Cloverleaf, Pole-bending, Keyhole, Dressage OR Western Dressage (not both). You may have a reader for dressage. (reader must be either a stable manager or other team member). We will hold a stable manager’s class based on English & Western Equitation, and also timed Cloverleaf Barrels.

All horses must be in place Friday evening by 9pm. During competition, **no adults are allowed in the barn area or area where horse and rider are waiting to enter classes. ABSOLUTELY NO PARENTAL HELP OR ADVICE OF ANY NATURE CAN BE GIVEN TO CONTESTANTS WHILE THEY ARE COMPETING.** This will be strictly enforced. Safety approved headgear and footwear will be required any time the participant is mounted on the horse. Heeled shoes must be worn when riding.

Entry for the entire weekend is **\$150 per team, (\$30 per participant)**. This covers stabling , entry fees and awards. Upon arrival, please bring Parental Permission Slips (Risk Form), Medical Release Forms, and a copy of current Rabies and current Negative Coggins test for each horse before unloading. Barn choice is first come, first serve if a request comes with entry. Camping is available, please pay camping fee with entry or at the office when you arrive. Camping fee \$15 per night, per camper.

ENTRIES MUST BE RECEIVED BY SEPTEMBER 30, 2026

NYS 4-H HORSE TEAM COMPETITION RULES:

This horse competition is a TEAM competition aiming to increase team spirit, to put team before self, to increase independence, to grow, to learn, and to have fun. In order to reach these goals, it will be necessary for everyone to follow rules. Some of them are:

1. One horse, one rider combinations (stable manager class to use a team member's horse)
2. We use 4-H ages as of January 1st of the calendar year. Seniors must be 14 to 19 years of age.
3. Stable managers must be senior members.
4. The stable manager is the captain of the team.
5. All five team members will take the Horse Knowledge Test and participate in the team problem.
6. Each team must have a chaperone.
7. No one is allowed to stay in the barn overnight.
8. Barn lights out at 10 pm. If camping, please be respectful and considerate to those around you.
9. Food booth will be open Saturday and Sunday.
10. **NO TALKING TO ADULTS OR CHAPERONES, AND NO ADULTS OR CHAPERONES ALLOWED IN THE BARNS ONE HOUR BEFORE COMPETITION, DURING COMPETITION, AND UNTIL ONE HOUR AFTER COMPETITION HAS ENDED. THIS INCLUDES ELECTRONIC COMMUNICATION.**
11. Any team member caught speaking with an adult or any adult caught coaching a team member will result in the disqualification of the entire team, or point deductions.
12. If any communication (scratches, problems, questions) needs to be transmitted, please have your team captain (stable manager) contact a committee official in the office and we will take care of the problem immediately.
13. The knowledge test will take place Saturday. No parents or chaperones will be allowed in the building during the test.

We hope this to be a fun year-end activity where everyone can have fun and work together. Too often everything is individual. Enjoy each other! And best of luck!!

Classes: Each team is allowed two entrants per class per age division. All riders do not have to ride in all classes. Must be a 4-H member.

- | | |
|----------------------------|---|
| 1. English Equitation – Sr | 15. Cloverleaf- Sr |
| 2. English Equitation – Jr | 16. Cloverleaf - Jr |
| 3. Western Equitation – Sr | 17. Pole-Bending - Sr |
| 4. Western Equitation – Jr | 18. Pole-Bending - Jr |
| 5. Western Command – Sr | 19. Keyhole - Sr |
| 6. Western Command – Jr | 20. Keyhole - Jr |
| 7. Bridle Path Hack – Sr | 21. Dressage – Sr Training Level Test 2 |
| 8. Bridle Path Hack – Jr | 22. Dressage – Jr Training Level Test 1 |
| 9. English Pleasure – Sr | |
| 10. English Pleasure – Jr | |
| 11. Western Pleasure – Sr | |
| 12. Western Pleasure – Jr | |
| 13. Trail – Sr | |
| 14. Trail – Jr | |

Class 23: English/Western Eq/ Barrels Combo class: Stable Managers Only – combination class, English and Western Equitation, and timed Cloverleaf Barrels – does not count toward team results.

SEND TO: Deb Olaf | 3192 Quaker Road, Gasport, NY 14067

Checks made out to Cheryl Bish.

Team Name _____

Team Number _____

TEAM ENTRY FORM

Send to: Deb Olaf 3192 Quaker Rd Gasport, NY 14067. Checks made out to Cheryl Bish. Entries due Sept 30, 2026.

TEAM NAME _____ COUNTY _____

CONTACT PERSON FOR YOUR TEAM _____

ADDRESS _____

EMAIL _____

PHONE # _____ CAN WE TEXT INFO? _____

____ Entry fee of \$150. Check payable to Cheryl Bish.

____ Barn Choice – first entered/first choice.

1st choice _____ 2nd choice _____

____ We are staying off grounds (home, hotel, etc.) Contact # _____

____ We will be camping and will pay camping fee of \$15/night at check-in

____ # of spots

____ # of nights

DUE SEPTEMBER 30, 2026 | Mail to: Deb Olaf | 3192 Quaker Road, Gasport, NY 14067

**Shavings must be brought with you. There is a feed store approx. 5 min away where they can be purchased; email if you need that info.

Team Name _____

Team # _____

CLASS ENTRY FORM

Team members are: A senior member is 14-19 (4-H age)

A junior member is 9-13 as of January 1st 2026

TEAM NAME _____

Name of Sr Rider:

Name of Horse:

Class #'s entered:

Name of Sr Rider:

Name of Horse:

Class #'s entered:

Name of Jr Rider:

Name of Horse:

Class #'s entered:

Name of Jr Rider:

Name of Horse:

Class #'s entered:

Name of Stable Manager _____

Entering Stable manager combo class? Yes _____ **No** _____

Authorization of Consent to Emergency Medical Treatment for a Minor Child (one for each youth)

Team Name: _____ Contact Email: _____

Participant: _____ Age: _____ Birthdate: _____

Address: _____ Sex: Male Female

Participants Doctor: _____

Medicines child is taking _____

Allergies _____

Date of last tetanus shot _____

If I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected but the authorized Cornell Cooperative Extension person in charge, to X-ray, hospitalize, secure proper medical treatment for, and to order injection, surgery or dental care for my child as named above.

Signature (Parent or Guardian)

_____ Date _____

Adult Witness (Not a relative)

_____ Date _____

Father's Name _____

Phone: _____ Work# _____ Cell# _____

Mother's Name _____

Phone: _____ Work# _____ Cell# _____

If the above persons cannot be reached, notify the following:

Name _____ Phone _____ Relationship _____

(Continued)

Family Medical and Hospitalization Coverage:

Name of Plan _____ Health Insurance Co: _____

Policy Holder: _____ Policy Number _____

Additional Insurance if any: _____

Acknowledgement of Risk Form – 4-H Member/Equine Member

I hereby apply for my child to participate in the 4-H club and/or activity indicated below to be conducted by the designated Cornell Cooperative Extension Association and acknowledge as follows:

I fully understand and acknowledge that there are inherent risks and dangers in my child's participation in the 4-H club and activities and my child's participation in said 4-H club and all its activities and use of any equipment related to such activities may result in injury, illness or death and damage to personal property. I understand other participants, accidents, forces of nature or other causes may cause these risk and dangers and I hereby accept these risk and dangers.

My child is in good health and is at or above the minimum age of 8 for regular 4-H Equine club members required to participate in this activity and is able to participate in any strenuous physical activity associated therewith.

Cornell Cooperative Extension of Niagara County

DATE(S): 4-H Program Year: October 1, 2026 – September 30, 2027

4-H CLUB EQUINE ACTIVITY – check all that apply:

☐ Participating in the NYS 4-H Horse Team Competition at the Niagara County Fairgrounds October 9, 10 and 11 2026.

☐ Working with equines in mounted “over fences” activities. I (the parent or legal guardian) am aware that my child will be participating in 4-H Horse Program mounted “over fences” activities at Cornell University Cooperative Extension county, multiple county, regional, or state sponsored events. I give my child permission to participate. Mounted “over fences” classes in the NYS 4-H Horse Program could include ground rail, cross rail, and/or other over fences classes and obstacles (this does include trail class). The obstacles will be no higher than 3 foot in any of the 4-H activities.

☐ **All of the above**

I have read the above and by signing it I agree it is my intention to have my child participate in the indicated activity and I understand and accept the risks involved.

This shall be binding on my heirs, successors, assigns, administrators and executors. Any claims or disputes arising out of my child's participation in the activity shall be venued in the Supreme Court of the State of New York of the County where the County Extension office is located.

I am at least twenty-one (21) years of age and I am the legal parent/guardian authorized to sign this document on behalf of the child named herein.

PARTICIPANT'S NAME (print) _____

DATE OF BIRTH: _____

ADDRESS: _____

PARENT GUARDIAN NAME (print): _____

PARENT/Guardian SIGNATURE: _____

DATE: _____