

Colorado 4-H Horse/Rider Level Declaration Form

Use this form for the 2025-2026 4-H Year. It is meant to be used in this transition year as we implement the new 4-H Horse levels. This is only for the existing 4-H members who might get a new horse. According to our policy, a member may



Permanently Recorded: _____
Youth/Leader Notified: _____
Date: _____ Staff initials _____

choose to drop down to level 2 on a new horse if they feel the horse is not qualified to perform at your highest level. **This document is subject to review and approval at the county extension office and the State 4-H Horse Levels Committee.**

Member Name: _____ **Date:** _____

Club Name: _____

Horse Name: _____

Instructions: Please declare the level of the horse and rider combo you believe your horse should be as of _____ date.

Western Levels

- Western Level 1 ___ Approved or Denied ___ Staff Name: _____
- Western Level 2 ___ Approved or Denied ___ Staff Name: _____
- Western Level 3 ___ Approved or Denied ___ Staff Name: _____
- Western Level 4 ___ Approved or Denied ___ Staff Name: _____

English Levels

- English Level 1 ___ Approved or Denied ___ Staff Name: _____
- English Level 2 ___ Approved or Denied ___ Staff Name: _____
- English Level 3 ___ Approved or Denied ___ Staff Name: _____
- English Level 4 ___ Approved or Denied ___ Staff Name: _____

Competency

- Beginner Ranch Horse Competency ___ Approved or Denied ___ Staff Name: _____
- Ranch/Cow Horse Limited Competency ___ Approved or Denied ___ Staff Name: _____
- Ranch/Cow Horse Advanced Competency ___ Approved or Denied ___ Staff Name: _____
- Beginner Over Fence/Jumping Competency ___ Approved or Denied ___ Staff Name: _____
- Over Fences/Jumping Limited Competency ___ Approved or Denied ___ Staff Name: _____
- Over Fences/Jumping Advanced Competency ___ Approved or Denied ___ Staff Name: _____
- Gymkhana Competency ___ Approved or Denied ___ Staff Name: _____
- Roping Competency ___ Approved or Denied ___ Staff Name: _____
- Driving Competency ___ Approved or Denied ___ Staff Name: _____

Member Signature: _____

Parent/Guardian Signature: _____

Date: _____ *This form must be submitted by _____ date.*