



COCHINS INTERNATIONAL

JUNIOR PROGRAM SHOWMANSHIP PARTICIPATION

Junior Program Chair
Hope Bulach
48 Billy Circle
Hamilton/Darrrtown, OH 45013
fourmilefarmsohio@gmail.com

Name: _____

Birthdate: _____ Age: _____

Address: _____

City, State & ZIP: _____

Phone: _____

Email: _____

I participated in the Showmanship Competition at:

Name of Show: _____

City & State: _____

Date: _____

Showmanship Class Entered (check one):

Peewee _____ Junior _____ Senior _____

Showmanship Placement Won (check one):

1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ Other _____

Signature of Showmanship Judge or Show Secretary:

Please mail completed form to the CI Junior Program Chair within 60 days of show.