



WISCONSIN 4-H HORSE ASSOCIATION

STATE OVER FENCES CLINIC – June 27, 2009
STATE DRESSAGE CLINIC – June 28, 2009

Sheboygan County Fairgrounds, Plymouth, WI

CLINICIANS:

Hunt – Sandra Dui’Fon

Dressage – Mary Spaeth

Cross Country – Beginner: Bev Gadtke (Advanced: Kelly Mahloch – sign up included with Mini-Event) Mini-Event Judge Nicki Butler

CLINIC WILL COVER:

Individual or group dressage sessions

Group Over Fences

FOOD AVAILABLE ON GROUNDS

For more information contact Betsy Rohde (920) 994-9234

All riders **MUST** pre-register by June **13th**. Riders **in clinics** may be 3rd grade and up. Attach a copy of your current negative Coggins to entry. **BRING ORIGINAL COGGINS TO CLINIC.** Auditors may register day of clinic. May do multiple clinics as space allows.

REGISTRATION FORM

MAIL TO: Betsy Rohde
N964 Hwy 28
Adell, WI 53001

**ENTRY FEE MUST ACCOMPANY
REGISTRATION**

\$15.00 Horse/Rider Per Group Clinic
\$25.00 Individual Dressage Clinic

Make checks payable to: WI 4-H Horse Association

NAME _____ GRADE _____
(Rider)

ADDRESS _____

CITY _____ ZIP CODE _____

COUNTY _____ PHONE _____ **PREMISE ID** _____

How much experience for each clinic? _____

Riding at what level in show? _____

Check clinic(s) entered: Individual Dressage _____ Over Fences _____ (limit 4 riders)

Group Dressage _____ (limit 4 riders)

You may request clinic times on entry _____

You may call Betsy (920-994-9234 or 414-315-4170) for clinic times Wednesday, June 24th.

(OVER)

Upon signing below, I confirm that the member meets the eligibility requirements of the show rules and that I will not hold the owner of the show grounds or the Wisconsin State 4-H Horse Association, Inc. responsible for any injury or theft.

ALL FOUR SIGNATURES ARE REQUIRED

Member Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

My signature gives consent to UW Extension & the 4-H Horse Association the right to use, publish, and copyright my image (including audio, moving image or photograph) for educational programs, website & promotion programs. UW Extension & 4-H Horse Association adheres to all Federal & State laws associated with this use.

Project Leader Signature _____

Date _____

This youth is a member in good standing, has met all club requirements and achieved the skills required to compete at state level in the classes entered.

Extension Agent Signature _____

Date _____

Include copy of current Coggins with this form

FEES	
Entry	_____
Stable	_____
Mini-Event	_____
Total	_____

OFFICE USE ONLY
EXHIBITOR # _____
PAID _____