



WISCONSIN 4-H HORSE ASSOCIATION

STATE OVER FENCES CLINIC – June 25, 2011
STATE DRESSAGE CLINIC – June 26, 2011

Sheboygan County Fairgrounds, Plymouth, WI

CLINICIANS:

Hunt – Mark Llewelyn

Dressage – Joan Lueck, Nicole Trapp

Cross Country – Intermediate: Jan Ketzler (Advanced: Kelly Mahloch – clinic included with Mini-Event)

CLINIC WILL COVER:

Individual or group dressage sessions

Group Over Fences

FOOD AVAILABLE ON GROUNDS

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

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All riders **MUST** pre-register by June 6th. 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 and timing allows.

REGISTRATION FORM

MAIL TO: Linda Pribek
N3361 Sleepy Hollow Road
Kewaunee, WI 54216-9630

**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 22nd.

(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	_____