

**WISCONSIN STATE 4-H HORSE ASSOCIATION  
STATE CLINIC SUMMARY**

This form is to be completed **within two weeks** of the State Clinic and submitted to the Clinic Chairperson Heather Dippel, E10350 Cty Hwy W, Baraboo, WI 53913. Failure to provide a financial statement may result in county being excluded from the State Clinic program in future years.

**NAME OF CLINIC:** \_\_\_\_\_ **CLINIC DATE:** \_\_\_\_\_

**HOST COUNTY:** \_\_\_\_\_

**INCOME:**

|                            |       |
|----------------------------|-------|
| Participants _____ x _____ | _____ |
| Spectators _____ x _____   | _____ |
| Other (specify) _____      | _____ |
| <b>TOTAL</b>               | _____ |

**EXPENSES:**

|                           |       |
|---------------------------|-------|
| Wisconsin Horsemen's News | _____ |
| Grounds                   | _____ |
| Insurance                 | _____ |
| Equipment Rent            | _____ |
| Clinician Fee             | _____ |
| Other (specify) _____     | _____ |
| Other (specify) _____     | _____ |
| Other (specify) _____     | _____ |
| <b>TOTAL</b>              | _____ |

**PROFIT/LOSS:** \_\_\_\_\_

**CHAIRPERSON SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_