

Western Pleasure Clinic

WHEN: Saturday, May 18, 2019
WHERE: New Holland Pavilion #1 at Alliant Energy Center
CLINICIAN: **Doug Tooley**

Pre - register by completing the form which must be postmarked no later than May 8, 2019, or emailed no later than May 11, 2019 to Dee Ace

Clinic coordinator: Dee Ace 608-576-7282

A registration form must be completed and submitted. Please submit one form for each participant.

Auditors do not need to register but must sign in on the "Auditors" sheet at the clinic.

This is a pre-registration clinic: if you need to cancel from the clinic you must contact the clinic coordinator at least 48 hours prior to the start of the clinic. You must also have a verbal confirmation back from the clinic coordinator

Clinic Objective: The purpose of this clinic is to help participants practice skills to improve transitions, cadence and balance for western pleasure as well as group rail work and individual patterns will be utilized in this clinic.

Total of three sections offered with a limit of 12 riders per section.

1:00 - 2:00 PM **Beginner/Intermediate/Green Horse** - Limited or some experience with walk, trot, canter transitions and proper leads but still developing skills, or intermediate/advanced riders that have novice/green horses. Explain and practice proper show ring etiquette.

2:30 - 3:30 PM **Beginner/Intermediate/Green Horse** - Limited or some experience with walk, trot, canter transitions and proper leads but still developing skills, or intermediate/advanced riders that have novice/green horses. Explain and practice proper show ring etiquette.

4:00 - 5:00 PM **Advance** - Advanced skill level to include riding a pattern at walk, trot, canter, using leg yields, riding circles and 360 degree pivots. Review proper show ring etiquette.

Western Pleasure Clinic Registration Form

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WHERE: New Holland Pavilion #1 at Alliant Energy Center
CLINICIAN: **Doug Tooley**

Pre-registration:

- **by mail - form must be postmarked no later than May 8, 2019**
- **by email to: dace0625@aol.com no later than May 11, 2019**

Clinic coordinator: Dee Ace 608-576-7282

ONLY ONE REGISTRATION/RIDER PER FORM

****2019 COGGINS: Original and one copy is required the day of the clinic to participate*****
Proper attire is required for participants: Boots, long pants, SEI approved helmet.

Print 4-H member name: _____

Address: _____

City, State, Zip: _____

Contact Information: Parent or Guardian Names: _____

Home#: _____ Cell#: _____

What grade are you in? _____ How many years have you shown? _____

PLEASE MARK SESSION BELOW THAT YOU WANT TO ATTEND:

_____ 1:00 - 2:00 PM **Beginner/Intermediate/Green Horse**

_____ 2:30 - 3:30 PM **Beginner/Intermediate/Green Horse**

_____ 4:00 - 5:00 PM **Advance**

You will receive confirmation of the session you are scheduled in upon receipt of your registration.

If registering by mail, please send to: **H&P Clinic**
c/o Dee Ace
1219 County Road D
Oregon, WI 53575