

Western Showmanship Clinic

WHEN: Sunday June 11, 2023
WHERE: New Holland Pavilion #1 at Alliant Energy Center
CLINICIAN: **Erica Beilke**

Pre - register by completing the form which must be postmarked no later than June 2, 2023, or emailed to Jolene Doerfer no later than June 2, 2023

Clinic coordinator: Jolene Doerfer 608-220-9466

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. If you do not get this confirmation, double the hours that you signed up for will be deducted from your educational hours.

Clinic Objective: Participants will practice skills to improve showmanship such as walking, trotting, backing pivots and learning to set up for inspection as well as understanding the four quarters for inspection.

Total of two sections are offered with a limit of 10 participants per section.

9:00 - 10:00 AM **Beginner Showmanship - Younger** or newer members who have limited or no experience in showmanship or green horse.

10:15 - 11:15 AM **Intermediate/Advanced Showmanship - Members** who have more skill levels and experience in showmanship.

Western Showmanship Clinic Registration Form

WHEN: Sunday June 11, 2023
WHERE: New Holland Pavilion #1 at Alliant Energy Center
CLINICIAN: Erica Beilke

Pre-registration:

- **by mail - form must be postmarked no later than June 2, 2023**
- **by email to: jodoerfer@yahoo.com no later than June 2, 2023**

Clinic coordinator: Jolene Doerfer 608-220-9466

ONLY ONE REGISTRATION/Handler PER FORM

****2023 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:

_____ 9:00 - 10:00 AM **Beginner Showmanship**

_____ 10:15 - 11:15 AM **Intermediate/Advanced Showmanship**

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 Jolene Doerfer
6458 Whalen Rd
Verona, WI 53593**