



WCHP CLINIC WEEKEND



Saturday, June 3, 2017 ~ 9:00 am

Wayne County Fairgrounds 10871 Quirk Road, Belleville

\$80 three sessions or

\$30 one session / \$60 two sessions

Registrations Due 05/16/2017 to Nicole Cumbo, 2465 E. Newburgh Rd., Carleton, MI 48117 (734) 626-7718

SUBJECT TO CHANGE

Available Class Sessions – you may choose up to three – Use Clinic Registration

- Showmanship
- Western Horsemanship
- Hunt Seat Equitation
- Saddle Seat Equitation
- Reining
- Trail

Schedule and teachers will be posted at a later date

| | | |
|--|-------------------------|------------------|
| Warm up session open to all participants | 9:00 a.m. to 9:30 a.m. | |
| Session 1 | 9:45 a.m. to 11:00 a.m. | |
| Session 2 | 11:15 a.m. to 1:00 p.m. | |
| Lunch (provided to camp participants) | 1:00 p.m. to 1:45 p.m. | |
| Session 3 | 1:45 p.m. to 3:00 p.m. | |
| Ranch Riding Demonstration | 3:30 p.m. – 4:30 p.m. | |
| Pizza Dinner | 5:00 p.m. | Protégés welcome |
| Craft | 5:30 p.m. – 6:30 p.m. | Protégés welcome |
| Games | 6:30 p.m. – 7:30 p.m. | Protégés welcome |

Overnight Camping Available by Reservation • Must check in upon arrival at Fairgrounds Office

Camping reservations should be made by May 1st or earlier to reserve campsites near the horse barns.

Call (734) 697-7002 • Payable upon arrival at Fairgrounds Office

WCHP CLINIC - REGISTRATION

Saturday, June 3, 2017 • 9:00 am • Location: Wayne County Fairgrounds

Registration Form due by 5/16/2017 (Money must accompany form)
Mail Registration Form & Payments with checks made payable to WCHP:
WCHP c/o Nicole Cumbo • 2465 E. Newburgh Rd., Carleton • (734) 626-7718

Class Fees

-One Class \$30 \$ _____
-Two Classes \$60 \$ _____
-Three Classes \$80 \$ _____
_Child will participate in the pizza, crafts and games: **YES or NO** (please circle)

Stall Fees

\$20 One Day \$ _____
\$30 for the weekend \$ _____
\$5 Trailer in Fee Per Horse (Must clean manure and trash by trailer) \$ _____
You will receive a \$10 refund if you clean your stall

Cash _____ Check _____ Check # _____ TOTAL \$ _____

Choose up to 3 Sessions Choices: _____ -
Showmanship: _____
Western Horsemanship: _____
Hunt Seat Equitation: _____
Saddle Seat Equitation _____
Reining _____
Trail _____

Camping Verified YES or NO (office use)

Please provide a copy of your coggins if not on file.

I ride a (check one) ... Horse Pony

Equine's Name: _____

Member's Name: _____

Phone: _____ - _____ - _____

Address: _____

City: _____ Zip: _____

4-H Club Name: _____

Club Leader: _____

Birth Date: _____ / _____ / _____
MONTH DAY YEAR

Age as of January 1 of current year : _____

Wayne County Fairgrounds and/or Wayne County Horse & Pony are not responsible and/or liable for any loss, damage or accident to persons, animals, or property. Dogs must be leashed at all times.

IMPORTANT NOTICE

Clinic registration fees must be on a **separate check** from all other show and/or horse registration payments.

Parent / Guardian Signature _____ Date: _____ / _____ / _____
MONTH DAY YEAR