



WCHP CLINIC WEEKEND



Saturday, June 9th, 2018 ~ 9:00 am

Wayne County Fairgrounds 10871 Quirk Road, Belleville

\$80 three sessions or

\$30 one session / \$60 two sessions

Registrations Due 05/15/2018 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	Saddle Seat
Western Horsemanship	Gymkhana
Hunt Seat Equitation	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		
Session 3	1:45 p.m. to 3:00 p.m.	
Judges Roundtable	3:15 p.m. to 3:45 p.m.	
Dressage Demonstration	4:00 p.m. – 5:15 p.m.	
Pizza Dinner	5:00 p.m.	Protégés welcome
Lisa Kelley/Jr. Horse Achievement Level	5:30 p.m. – 6:30 p.m.	9 and over
Craft	5:30 p.m. – 6:30 p.m.	8 and under
Session 4 - Saddleseat	6:30 p.m. – 7:45 p.m.	
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 9, 2018 • 9:00 am • Location: Wayne County Fairgrounds

Registration Form due by 5/15/2018 (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 Session \$30 \$ _____

-Two Sessions \$60 \$ _____

-Three Sessions \$80 \$ _____

-Child will participate in the pizza, crafts and games: **YES or NO** (please circle)

Stall Fees

\$20 One Day \$ _____

\$30 for the weekend \$ _____

*No trailer tying allowed

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 _____

Gymkhana _____

Trail _____

- Camping Verified YES or NO (office use)

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

Please indicate if you would like to ride in the Dressage Demonstration: **YES or NO**

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