

2017 Overnight Clinic Entry Form

Exhibitor's Name _____ Name of Horse _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone# _____

Emergency Name _____ Phone # _____



Fee \$25.00

Make checks Payable to: **Sheboygan County H&P Project**

Send Entries to:

Wendy Krueger

W7046 Kettle View Rd

Plymouth, WI 53073

**Starting 4pm Saturday July 22nd till 4pm Sunday July 23rd.
Clinics with certified clinicians, crafts, games, and more.**

Includes: Sunday Supper and Monday breakfast and lunch.

**DO NOT NEED TO BRING A HORSE TO
PARTICIPATE**

Emergency info:

Doctor: _____ Phone # _____

Hospital: _____

Allergies: _____

Medications: _____

Restrictions: _____

Vet: _____ phone # _____

Questions call Angel Noll 262 689-1488 or Wendy Krueger 920-838-2589

It is agreed that I am entering this clinic at my own risk and will not hold the Sheboygan
County Horse & Pony Project responsible for any accident, injury, or damage
to my horse, my equipment, or myself.

Parent signature