

SHEBOYGAN COUNTY 4H
HORSE AND PONY



PROJECT

Speed Clinic

Sheboygan County 4-H Horse & Pony Project
Speed Clinic Thursday, June 16th, 2016
Plymouth Fairgrounds 10am

Clinician: Tammy Whyte

*WHSRA All Around**11X GLC Finals Qualifier**6X Champion Barrel Racer**MN Barrel Champion*
WGBRA Champion several times

Tammy Whyte is a well-known member of the Women's Professional Rodeo Association from Eau Claire, Wisconsin. Tammy has her own training facility, where she works with horses and riders of all ages & skill levels. Tammy will introduce to you the skills needed to build a solid foundation between you & your horse in barrel racing and pole bending patterns. Tammy's training methods emphasize positive thinking & enhance the horse/rider skills to help you get to the next level.

The H&P Speed Clinic Committee is trying something new this year! Due to the availability of our clinician, we have decided to host the clinic on Thursday, June 16th. We understand that parents & guardians may not be able to take off of work during the week and we will do our best to accommodate early drop-offs/late pick-ups if necessary. We also welcome you to audit the clinic if you are not able to bring a horse. So HHG members, this is a great learning opportunity for you! The clinic will provide snacks, water & lunch (pizza, dessert & beverage) for enrolled exhibitors and auditors. We will do our best to make this a successful clinic for all participants. Please contact the H&P Speed Committee for more info:

Delda Thiel 920 892-6766, **Sherry Zittel** 920 254-4263, **Gary Pritzlaff** 920 838-4378, or **Angel Noll** 262 689-1488

LIMITED TO 1ST 20 ENTRIES ONLY- Deadline: June 10th
Clinic Fee \$20.00 / Auditor Fee \$10.00

Checks Payable to: SHEBOYGAN COUNTY H&P

Send entries to Delda Thiel, N6112 Pioneer Rd, Plymouth, WI 53073,

Please send this portion to Delda Thiel and keep the top portion for your records.

SCHP Speed Clinic with Tammy Whyte
Must be a member of the H&P Project to ride: Check Level
_____ Advanced – State Show Experience
_____ Intermediate- Some Experience
_____ Beginner – No experience, regardless of age
_____ Auditor lunch included **\$10.00.**



Exhibitors Name: _____ Name of Horse: _____

Address: _____ City: _____ Zip: _____

Phone Number _____ Emergency Phone Number: _____

E-mail: _____ Age as of Jan 1st _____

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.

Signature (Parent or Guardian if Participant is under age 18)

Date

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