

2019 Overnight Clinic Entry Form

Exhibitor's Name _____ Name of Horse _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone# _____

Emergency Name _____ Phone # _____



Fee \$25.00 by July 13 or \$30.00 after July 13th
Make checks Payable to: **Sheboygan County H&P Project**
Send Entries to:
Angie Albrecht
N2918 Sunset Dr
Oostburg, WI 53070

Starting 4pm Saturday July 20th till 3 pm Sunday July 21st.
Clinics with certified clinicians, crafts, games, and more.

Includes: Saturday Supper and Sunday breakfast and lunch.

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

Emergency info:

Doctor: _____ Phone # _____

Hospital: _____

Allergies: _____

Medications: _____

Restrictions: _____

Vet: _____ phone # _____

Questions call Angie Albrecht 920-226-1709 or Kristin Shepherd 920-207-6274

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