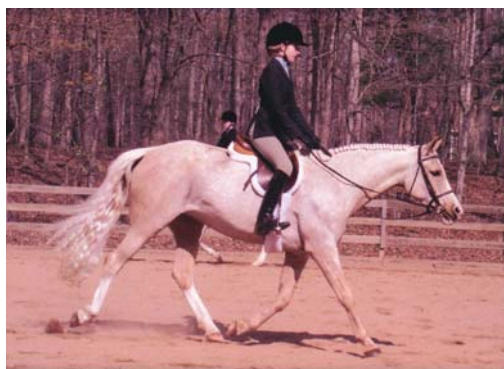


4-H DISTRICT QUALIFYING CLINIC

Saturday, June 26, 2010

COST: \$40 per horse/rider combination

Food Concessions Available



OFFERING:

Hunter Pleasure Hunter Showmanship

Hosted by
Amber Hill Farm
And Orange County Solids, Spots & Dots 4-H Horse Club

CLINICIAN:
Dede Bache-Schumate, USEF "r" Hunter Judge



Instruction on **SHOWING** Hunter Pleasure
From the Judge's perspective

**Hunter Showmanship presented by
The Spotsylvania Jolly Ranchers**
(Multi State Champions in Showmanship!)
Hunter Showmanship Clinic will include:

- Proper show grooming
- Turn-out of horse and rider
- Showing patterns in hand
- New State judging system

Tentative Time Schedule

8:00 – 9:00: Check in, Question & Answer session
on state show rules and entry procedures

9:00 – 10:30: Group A

10:30 – 12:00: Group B
Showmanship – Groups C & D

12:00 – 1:00: LUNCH

1:00 – 2:30: Group C
Showmanship – Groups A & B

2:30 – 4:00: Group D

~Measurement of Project Horses available~
Schedule may change based on number of participants



For More Information or Directions
please contact Amber Hill Farm
(540) 854-6136 or
info@amberhillfarm.com

Clinic is geared toward 4-Her's who are qualifying a Project Horse for the 2010 State 4-H Championship Show.

Riders will be divided into groups of 6 – 8 riders each. (Maximum 8 riders per group)

Groups will be divided by horses and ponies.

Each session will focus on the specifications of the chosen division, what the judge really wants to see, and how to successfully show in Pleasure, emphasizing what the judging criteria is for your class, and how to achieve it.

A question and answer period with the Judge will follow each session.

Showmanship session will focus on show grooming and correct turn-out, including braiding manes & tails, as well as how to show patterns and properly present your horse for the judge. Will cover new State Judging system.

GENERAL RULES:

1. All participants must be 4-H horse project members. All animals must be their 4-H Project horses.
2. Each horse/rider combination may only participate in one clinic session.
3. If another horse is to be qualified at this clinic, then rider must complete separate entry and ride in an additional section.
4. 4-Hers not participating are welcome to audit at no cost.
5. Only horses registered for clinic are allowed on grounds.
6. Only riders registered for clinic are permitted to ride on grounds during clinic.
7. ASTM/SEI certified helmets with secured harness must be worn at all times when mounted.
8. Any horse without current negative coggins present will not be permitted on grounds.
9. PLEASE leave ALL dogs at home!!!
10. Horse/Rider combinations deemed unsafe by clinician will NOT be considered qualified for the state show, and must qualify at another event.
11. Clinic participants and anyone accompanying, are not permitted on trails, cross-country course or barn area at any time, unless accompanied by farm personnel.
12. Amber Hill Farm, employees, clinician, property owners, VA 4-H and members of Solids, Spots & Dots 4-H Club are not responsible for any accident or injury to any horse, rider or spectator while attending or participating in this equine activity. I am aware of and have signed an Equine waiver to indemnify the above.

CLINIC REQUIREMENTS:

1. Clinic participants must arrive on time and be at the arena at the appointed time.
2. Proper Show Attire is expected, and horses should be braided and turned out as you would for State Show.
3. Additionally, please bring halter and lead with chain.
4. Showmanship participation is required in order to complete clinic qualification.

ENTRY PROCEDURE:

1. Entries accepted on first come, first served basis, and based on postmark.
2. Entries must be **RECEIVED** by **JUNE 18, 2010**.
3. Entrants will be notified via phone or email to confirm receipt of entry.
4. Scratches will have spot filled from waitlist, and refunds made **ONLY** if their position is filled.
5. After June 21, refunds made only with written Veterinarian statement (or doctor).
6. "No shows" will not receive a refund.
7. Management reserves the right to cancel or combine clinic if insufficient entries are received.
8. Complete entry form attached, and include: **4-H Equine Waiver, Health History Form, Code of Conduct Form**, (www.ext.vt.edu/resources/4h/horse) and **CURRENT negative Coggins Test** (within 12 months).
9. Attach Check for entry FEE (\$40/per horse/rider combination) made out to "**Solids, Spots & Dots 4-H Club**". (Fee includes Northern District 4-H Horse Council fees)
10. Return completed entry to:
Amber Hill Farm
28340 Eddings Rd
Rhoadesville, VA 22542

4-H Hunter Pleasure District Qualifying Clinic Registration Form
Amber Hill Farm, Rhoadesville, VA
Saturday, June 26, 2010

Name of Participant: _____ Date of Birth: _____
First MI Last

Address: _____ Phone: (____) _____

_____ Email: _____
City State Zip

4-H Club Name: _____ County: _____

Horse's Name: _____ Age: _____ Height: _____

Please indicate if you have a horse or pony, AND if measurement is needed:

If you are registering more than one horse, please complete another form!

Pony _____ sm/med _____ large _____

Horse _____

Measurement of Project Animal needed _____

Please describe your riding ability and show experience below, and let us know if you have any needs that we should be aware of: _____

Briefly describe your horse's level and show experience: _____

I agree to participate under the rules of 4-H and this clinic and agree that neither the clinic nor sponsors will be responsible for any accident or injury to the person or property of any participant or other person. The participant agrees to indemnify the clinic organizers, instructors and Amber Hill Farm, employees, property owners and heirs against any claim or liability for damage caused by him or his animal. The applicant and/or representative hereby agree to abide by all rules for this 4-H Clinic including the entry system. Exhibitor and parent or guardian hereby attests that they have read the rules for this event and that this applicant and entry meet all rules and regulations for this event.

Participant Signature: _____ date: _____

Parent/Guardian Signature: _____ date: _____

Printed Name Parent/Guardian: _____

Club Leader Signature: _____ date: _____

(If unable to obtain club leader signature by registration deadline, please provide a signed copy of your horse project registration form)

Please include the following with this REGISTRATION FORM:

*CURRENT NEGATIVE COGGINS

*HEALTH HISTORY FORM

*4-H EQUINE WAIVER

*CODE OF CONDUCT FORM

*CHECK FOR FEE (\$40.00) MADE OUT TO: **SOLIDS, SPOTS & DOTS 4-H CLUB**

MAIL COMPLETE PACKET TO:

Amber Hill Farm
28340 Eddings Rd
Rhoadesville, VA 22542