

# Hunt Showmanship Clinic

Date of Clinic: Sunday, May 5, 2024 with Megan Sacia  
Location of Clinic: Alliant Energy Center Pavilion 1 Madison, WI

**\*\*\*2024 COGGINS: A Original and one copy is required the day of the clinic to participate.\*\*\***

Proper attire is required for participants: Boots, long pants, and SEI approved helmet.

**Pre-register by email-to-email address listed below or mail-forms to address listed below, must be postmarked no later than April 21, 2024.**

Clinic Coordinator: Joann Ace-Schraufnagel  
Phone: (608) 712-6681  
Email: [jace0329@aol.com](mailto:jace0329@aol.com)  
Address: 16315 W Holt Road, Brooklyn, WI 53521

**A registration form must be completed and submitted. Please submit one form for each participant even if the horse/pony is shared.**

**Auditors DO NOT need to pre-register but must sign in on the “Auditors” sheet at the clinic.**

**Clinic Objective:** Participants will practice skills to improve showmanship such as walking, trotting, backing, pivots and learning to set up as well as, understanding the four quarters during inspection. Participants can sign up for any of the following sessions, limited to 10 participants per session.

**Session 1 – 9:00 AM – 10:00 AM Beginner Showmanship** – Skill level to include younger or newer members who have limited or no experience in showmanship.

**Session 2 – 10:15 AM – 11:15 AM Intermediate/Advance Showmanship** – Skill level to include older members who are more experienced in showmanship.

*This is a pre-registration clinic: if you need to cancel from the clinic, you must contact the clinic coordinator at least 48 hours prior to the start of the clinic. If you do not, double the hours that you signed up for will be deducted from your educational hours.*

# Hunt Showmanship Clinic Registration Form

Print 4-H/FFA Member Name \_\_\_\_\_ Grade as of Jan 1<sup>st</sup>. \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Phone \_\_\_\_\_

Parent email \_\_\_\_\_ How many years have you shown? \_\_\_\_\_

\*Additional information about your horse and/or your skills \_\_\_\_\_

## **PLEASE MARK SESSION BELOW THAT YOU WANT TO ATTEND:**

\_\_\_\_\_ 9:00 – 10:00 AM Beginner Showmanship

\_\_\_\_\_ 10:15 – 11:15 AM Intermediate/Advance Showmanship

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You will receive confirmation of the session you are scheduled in upon receipt of your registration.

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**If registering by mail, please send to: H&P Clinic**  
**c/o Joann Ace-Schraufnagel**  
**16315 W Holt Road**  
**Brooklyn, WI 53521**

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