



4-H Barrel Racing & Pole Bending Clinic

Wednesday, May 27, 2015

9:00 AM - 4:00 PM

Horse Arena, Wayne County Fairgrounds, Wayne



The clinic will cover hands-on aspects of Barrel Racing and Pole Bending.
Please bring your horse and your lunch.



Cost for the clinic is \$50.00 and is limited to 10 4-H youth; first come-first served.
6 paid registrations must be received to hold the clinic.

Clinician:

U Susan Frink has been exposed and gained education in the equine world over the past 30 plus years of her career. She and her husband Brad were founders of Ropes and Rigging 4-H group and she served as their leader for 9 years. Under their guidance and leadership the club received many Champion and Reserve trophies. Susan has schooled with Martha Josey, the Great Wanda Bush and newly inducted Cowgirl Hall of Fame Joyce Loomis-Kerneck. She has competed in several shows over the past 25 years, the Barrel Bash the past 10 years, and has qualified for the Bonus Race finals the last 4 years. Susan is a constant student of the horse and studies under Joyce Loomis-Kerneck every year or when she has opportunity. She gives private lessons, clinics and trains performance horses. Susan assists in their Quarter Horse businesses of breeding and training foals for prospective buyers. She is from Malcom, Nebraska.

In case of inclement weather listen to: KTCH 104.9 FM/1590 AM or US 92 92.7 FM

The Wayne County Agricultural Association, Nebraska Extension personnel, or any other associate involved will not be responsible for any loss or damage or injury to horses, the participants, or any article that may be lost, destroyed, or in any way injured. Each participant will be responsible for their own articles and horse(s).

Clip and return completed form and \$50.00 registration fee by 5:00 p.m., May 20 to:
Nebraska Extension - Wayne County, 510 N Pearl St Suite C, Wayne, NE 68787-1939

Checks can be made payable to University of Nebraska-Lincoln

Health Form required. A paper copy is available at the Extension Office or complete the 4-H Online Health Form

Participant's First Name _____			Middle Initial _____		Last _____	
Mailing Address _____			City _____	NE _____	Zip Code _____	Phone _____
Age _____	Date of Birth _____	Grade in School _____		4-H County Name _____		
Email address _____						