## **SUNY Cobleskill Block and Bridle Spring Clinic**

### April 6th, 2018 Registration Form

Please provide the information requested below for each junior participant in your group, including T-shirt size (if a "youth" size is required, please indicate).

We will group participants into "Junior" and "Senior" groups for the contest. So, for each participant below, please indicate their age.

For each participant please mark "Meal Option 1" (chicken) or "Meal Option 2" (pulled pork).

- Each meal with come with main dish, coleslaw, buttered roll and drink. Please explain specific dietary requirements in the space provided at the bottom of the page – we will do our best to accommodate!

#### **REGISTRATION FEE is \$40.00**

Parents, group leaders, and other adult attendees may join the juniors and will only be charged for meal expenses (\$12.00/adult) if ordered.

Additional T- Shirts may be purchased for and additional cost of \$15.00/shirt.

\*\*ALL YOUTH UNDER THE AGE OF 17 YEARS OF AGE

MUST BE ACCOMPAINED BY AN ADULT.\*\*

For questions or additional information, please contact: Event Chair: Melissa Keller- <a href="kellerm144@cobleskill.edu">kellerm144@cobleskill.edu</a> Club Advisor: Ben Weikert- <a href="weikerbs@cobleskill.edu">weikerbs@cobleskill.edu</a>

Send form and payment to: be- SUNY Cobleskill, 315 CANR, Cobleskill NY 12043. Postmarked by MONDAY, MARCH 25th, 2019. We cannot guarantee t-shirts for late registrants.

# **SUNY Cobleskill Block and Bridle Spring Clinic**

Group/Family Name:						
Chaperone Name:				<del></del>	<del></del>	
Signature of Chaperone:						
Phone:	e: Email:					
Mailing Address:						
Participant Name	Age	Junior (12 and Under) or Senior (13+)?	T- Shirt Size (Youth/Adult)	Meal Option 1 (Chicken)	Meal Option 2 (Pulled Pork)	
*If there are any dietary res	trictions	, please indicate here:				
Total # of Participants @ 4	 10.00 ea	ach : X \$40.00 = \$	 \$			
Total # of Adult/Parent M	eals:	X \$12.00 = \$				
Indicate Meal Choice(s) He	ere:					
Total # of Additional T-Shi	rts:	X \$15= \$				
Indicate Sizes HERE for Ad	ditional	Shirts:				
TOTAL REGISTRATION FEI	Ē = Ś					
			L:II 604			
*PLEASE MAKE ALL CHECK	(S PAYA	ABLE TO: SUNY Coblesi	KIII SGA			
* Please send in with an a	ttached	photo release form fo	r each particip	ant		

## **SUNY Cobleskill Block and Bridle Spring Clinic**

## Schedule:

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7:30 - 8:00 A.M - Arrival and Check- In
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8:05 - 8:25 A.M - Welcome, Icebreaker, Breakout Groups

8:30 - 9:05 A.M - Species Rotation 1

9:10 - 9:45 A.M - Species Rotation 2

9:50 - 10:25 A.M - Species Rotation 3

10:30 - 11:05 A.M - Species Rotation 4

11:10 - 11:40 A.M - Tour

**11:45 – 12:45 P.M** – Lunch

12:50 - 1:25 P.M - Practice Class

1:30 - 4:00 P.M - Judging Contest and Reasons

**4:05 – 4:15 P.M** – Evaluations and Feedback

**4:15 P.M** – Results

4:30 P.M - Thank You and Safe Travels Home