## WISCONSIN LIVESTOCK BREEDERS ASSOCIATION 16<sup>th</sup> ANNUAL WISCONSIN LIVESTOCK SHOW CAMP WISCONSIN STATE FAIR PARK, MILWAUKEE, WISCONSIN JUNE 14-15, 2014

Interested in becoming a better showman, fine-tuning your fitting and feeding techniques, and making new friends with similar interests as you? Do you want to learn management skills and evaluation strategies that will take you to the next level in the show-ring? Then the Wisconsin Junior Livestock Show Camp is a fun and educational event that is looking for you! What makes us unique? We allow parents to attend this camp as well—we feel that the family that learns together, works together, and shows together, will succeed together. Join us at the Wisconsin State Fair Park, June 14-15<sup>th</sup> and leave better prepared for your summer show season!

Many thanks to the Wisconsin State Fair Blue Ribbon Sale of Champions Foundation for sponsoring our 2014 show camp clinicians. We are proud to announce that **Andy & Leah Mindemann**, highly successful and well-known Angus breeders from Sullivan, WI will be this year's beef clinicians. **Ben Schmaling**, a top-notch Berkshire breeder who hails from Ames, IA has been hired to lead this year's swine camp. And finally, our 2014 sheep clinician is being finalized....we'll make this update soon!

### **2014 SHOW CAMP SCHEDULE**

### **SATURDAY, JUNE 14th**

6:30-8:30 AM Unload Livestock-Dairy Barn 7:30-9:15 AM Register at Youth Dorm

9:30 AM Welcome to Show Camp/Introductions-Dairy Barn

9:45 AM Session I 12:15 PM Lunch 1:00 PM Session II 3:00 PM Snack Break

3:15 PM Session II (continued)

5:30 PM Free Time

6:15 PM Barbeque-Picnic Supper (co-sponsored by the Wisconsin Cattlemen's Association)

8:00 PM Bowling at Riviera Lanes 11:00 PM Quiet Time/Lights Out in Dorm

## SUNDAY, JUNE 15th

6:30-7:30 AM Breakfast at the Tommy Thompson Center Cafeteria

8:00 AM Session III 10:00 AM Snack Break

10:15 AM Session III (continued)

12:15 PM Lunch 1:00 PM Session IV

3:00 PM Clean-Up-Closing Comments-Youth Gift Bags. Have a Safe Trip Home!

<sup>\*</sup>Camp will start promptly at 9:30 am. Please allow time to unload your animal and/or equipment and check-in your baggage/bedding at the Tommy Thompson Youth Center prior to 9:30.

#### LIVESTOCK SHOW CAMP REGISTRATION

(please fill out one registration form per camper)

| Name  |
|---|
| Address   |
| City/State/Zip CodeCounty you reside in   |
| PhoneEmail Address:   |
| Youth participants must be between the ages of 8-19 as of January 1 <sup>st</sup> , 2014  Novice participants, age 7 as of January 1, 2014 will be accepted <u>if accompanied by a parent</u> .  Parents are welcome and encouraged to attend. Make this an event for the whole family!       |
| Youth Age (as of 1/1/14) Sex Parent Sex   |
| Circle Shirt Size: Youth Large Adult Small Adult Medium Adult Large Adult XL Adult XXL  |
| Choose the camp you wish to be enrolled in:   |
| Beef Market Lamb Breeding Sheep Swine   |
| <b>Photo disclaimer:</b> Campers are subject to potentially having their image and/or likeness reproduced for promotional and/or publicity purposes in WLBA media photography, video and/or webcasts. No personal information about the participant, such as name, age, address will be used. |
| Family Friendly Reduced Rates! Share prices within immediate family only.   |

Wisconsin & Out-of State Participants

1 participant: \$125.00 2 participants: \$225.00 3 participants: \$325.00 4 participants: \$400.00

5 participants or more, add \$75.00 per participant to the 4 participant fee

All prices include your individual species clinic, camp T-shirt, lodging in the Tommy G. Thompson Center, meals, snacks, and other camp activities. Campers or their families must be paid 2014 WLBA members. Please fill out and submit your membership application with your camp registration. Camp fees after May 15 deadline will only be refunded if the WLBA cancels the camp.

<u>Sheep and Beef Campers:</u> Please bring an animal to work on during the camp. Families with multiple youth attending are not required but are highly encouraged to bring one animal per camper to allow for the best learning experience, otherwise sharing is acceptable.

<u>Swine campers:</u> For biosecurity reasons, swine exhibitors will not be allowed to bring their own pigs in 2014. An additional \$10 per exhibitor will be charged to bring in a group of hogs to be shared among the swine campers. Please make sure that all equipment, tack and boots brought from home are clean and have been disinfected.

For more information, please contact Jill Alf at (608) 868-2505 or email the WLBA office at <a href="mailto:alfhamp@centurytel.net">alfhamp@centurytel.net</a>. Registrations may be accepted after May 15th but spots will not be guaranteed-please call to check on availability.

# WISCONSIN LIVESTOCK BREEDERS ASSOCIATION MEMBERSHIP

The Wisconsin Livestock Breeders Association provides educational activities and opportunities for youth involved in beef, sheep and swine projects. Participation in these programs is open to all Wisconsin youth ages 8 to 19. Your support is essential to keep these programs available to support our agricultural leaders of tomorrow. Annual family dues run from January 1<sup>st</sup>, 2014-December 31, 2014.

| WLBA Membershi | o – Annual Family | / Dues - \$25.00 |
|----------------|-------------------|------------------|
|----------------|-------------------|------------------|

Your WLBA membership benefits include:

- Ability for members of your family to be eligible to participate in WLBA sanctioned programs. These events include but are not limited to the Wisconsin Spring Preview Show, the Wisconsin Junior Livestock Show Camp and the Wisconsin Summer Spectacular Show. Members must pay all participation fees.
- Eligibility for youth to apply for the WLBA Master Stockman Award
- Voting privileges at WLBA Annual Meeting-one vote per family
- Membership listing on WLBA website (www.wisconsinlivestockbreeders.com) membership directory page; includes your website link if one is available.
- Free 1-month ad on the WLBA classified ad web-page.

| Name:                  |                      |                      |                      |                                       |
|------------------------|----------------------|----------------------|----------------------|---------------------------------------|
| Farm Name:             |                      |                      |                      |                                       |
| Address:               |                      |                      | City/State/Zip       |                                       |
| Phone:                 |                      | Email:               |                      |                                       |
| Website:               |                      |                      |                      |                                       |
| Type/Breed Livestock R | aised                |                      |                      |                                       |
| List my member         | ship information abo | ove on the WLBA w    | ebsite membership    | directory page.                       |
| I prefer my mem        | bership information  | is not listed on the | WLBA website.        |                                       |
| Please                 | make checks payab    |                      | •                    | · · · · · · · · · · · · · · · · · · · |
| WI Livestock Sho       | ow Camp Participan   | ts Attending (Circle | # of participants be | elow) =                               |
| 1 camper: \$125        | 2 campers: \$225     | 3 campers: \$325     | 4 campers: \$400     | 5 campers: \$475                      |
| \$10 Pig fee per s     | wine camper:         |                      |                      |                                       |
| 2014 Wisconsin         | Livestock Breeders   | Family Dues @ \$2    | 5 (required unless a | lready pd) =                          |
|                        |                      |                      |                      | Total:                                |
|                        | (Checks ret          | urned for NSF will b | oe charged a \$25 fe | ee)                                   |

# LIVESTOCK SHOW CAMP YOUTH HEALTH & EMERGENCY CONTACT INFORMATION

This information is confidential and will remain with WLBA staff in the case of a medical emergency

| Participant Information:  |   |  |   |  |  |
|---|---|--|---|--|--|
| Last Name:  | First Name:   |  |   |  |  |
| Address   |   | Cit  | y/State/Zip   |  |  |
| Birthdate   | Male  | Female   | _   |  |  |
| Yes No  |   |  |   |  |  |
| Food Allergies.   | Please List:  |  |   |  |  |
| Allergic to bee s   | trings. Explain   |  |   |  |  |
| Allergies to med  | _   | •  | illin. List/Explain:  |  |  |
|   |   | •  | ons participant will require during camp, listing   |  |  |
| Other important health inforr   | nation or concerns V  | VLBA officials sho   | uld be aware of:  |  |  |
| Insurance Information: Cu   | ırrently covered by ir  | nsurance:\   | ⁄esNo   |  |  |
|   |   |  | Policy #:   |  |  |
| Policy Holders Name:  | Group #:  |  |   |  |  |
| Physician Information:  |   |  |   |  |  |
|   |   | Clinic   |   |  |  |
| Phone:  |   |  |   |  |  |
| Parent/Guardian Informati   | on:   |  |   |  |  |
| Last name:  | First Name:   |  |   |  |  |
| Address:  | Night Dh  | City/State/Zip:Cell:   |   |  |  |
|   |   | one  | OBII  |  |  |
| Alternate contact in case of  | of emergency:   |  |   |  |  |
| Name:   | Relationship<br>Night Phone:Cell  |  |   |  |  |
| Day Phone:  | Night Pho   | ne:  | Ceii  |  |  |
| conditions that will interfere<br>Association of any changes<br>my son/daughter will be sup<br>but the WLBA and its progra<br>contact noted above will be | with participation in t<br>in health or prescript<br>ervised and that if illi<br>im staff are not respon<br>notified as soon as p<br>emergency treatmer | this program. I will tions between now ness or injury develonsible in case of a possible in case of at as recommender. | as no physical, mental or communicable notify the Wisconsin Livestock Breeders and departure for this event. I understand the lops, medical and/or hospital care will be give accidental injury or illness. I or the alternate medical emergency. If a medical emergency d by an attending physician. I agree to pay the lities if necessary. |  |  |
| Parent/guardian signature   |   |  | Date  |  |  |