

**WISCONSIN LIVESTOCK BREEDERS ASSOCIATION**  
**14<sup>th</sup> ANNUAL WISCONSIN LIVESTOCK SHOW CAMP**  
**WISCONSIN STATE FAIR PARK, MILWAUKEE, WISCONSIN**  
**JUNE 18-20, 2010**

If you are interested in becoming a better show person, gaining more knowledge in the livestock industry, and making new friends with similar interests as you, then this camp is the place to be! Management skills and techniques, as well as showmanship and evaluation strategies, make this camp a great experience for any junior livestock exhibitor. This camp is co-sponsored by the Wisconsin State Fair Blue Sale of Champions Foundation.

We are planning on some top clinicians in 2010. Join us for a learning experience like no other in the state of Wisconsin!

**SCHEDULE OF EVENTS**

**FRIDAY, JUNE 18th**

3 – 6:00 PM Arrival and Registration at Youth Dorm  
6:30 PM Pizza Night  
7:30 PM Bowling at Riviera Lanes  
9:00 PM Ice Cream Sundaes at the Youth Dorm  
11:00 PM Quiet Time/Lights Out in Dorm

**SATURDAY, JUNE 19th**

6:30-7:30 AM Breakfast  
8:00 AM Session I  
9:45 AM Snack Break  
10:00 AM Session I (continued)  
Noon Lunch  
  
1:00 PM Session II  
3:00 PM Break  
3:30 PM Session II (continued)  
5:30 PM Free Time  
6:30 PM Barbeque-Picnic Supper (co-sponsored by the Wisconsin Cattlemen's Association & Country Fresh Meats & Rollin Pin Bakery)  
7:30 PM Ag Olympics in the Dairy Barn  
11:00 PM Quiet Time/Lights Out in Dorm

**SUNDAY, JUNE 20<sup>th</sup>**

6:30-7:30 AM Breakfast  
8:00 AM Session III  
9:30 AM Break  
9:45 AM Session III (continued)  
11:15 AM Closing Comments/Gift Bags/Clean Up--Have a Safe Trip Home!!!!

**LIVESTOCK SHOW CAMP REGISTRATION**  
**(Registration deadline: May 15, 2010)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

County \_\_\_\_\_

Phone \_\_\_\_\_ Email Address: \_\_\_\_\_

Age (as of 1/1/10) \_\_\_\_\_ Sex \_\_\_\_\_

Youth participants must be between the ages of 8-19 as of January 1<sup>st</sup>, 2010 – Parents are welcome and encouraged to attend at the same cost. Make this an event for the whole family!

Youth

Parent

Shirt Size: \_\_\_\_ Youth Large \_\_\_\_ Adult Small \_\_\_\_ Adult Medium \_\_\_\_ Adult Large  
\_\_\_\_ Adult X-Large \_\_\_\_ Adult XX-Large

Choose the camp you wish to be enrolled in:

Beef

Swine

Breeding Sheep

Market Lambs

**Photo disclaimer:** 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.

Camp photos of your child and/or a group camp photo may be electronically available upon request.

**Cost:** The cost for Wisconsin residents is \$125 per person which includes; your individual species clinic, camp T-shirt, lodging in the Tommy G. Thompson Center, meals, snacks, and all other camp activities. Out-of-state youth are welcome! Cost for out-of-state youth is \$150 per camper. Campers or their families must be paid 2010 WLBA members. Please fill out and submit your membership application with your camp registration. Applicants will be notified if the camp is already filled. The WLBA reserves the right to cancel the camp at any time. Camp fees after May 15 deadline will only be refunded if WLBA cancels camp.

Sheep and Beef campers should 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.

For more information, please contact Jill Alf at (608) 868-2505 or email the WLBA office at [alfhamp@centurytel.net](mailto:alfhamp@centurytel.net). Camp registrations are limited, register early to attend! Registrations may be accepted after May 15th but will not be guaranteed-please call to check on availability.

**Registration deadline is May 15<sup>th</sup>, 2010.**

# 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>, 2010-December 31, 2010.

## \_\_\_\_\_ **WLBA Membership – 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](http://www.wisconsinlivestockbreeders.com)) membership directory page; includes your website link if one is available.
- Representation on the Governor's Blue Ribbon Livestock Auction Committee & Wisconsin Cattlemen's Association Board.

Name: \_\_\_\_\_

Farm Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_ Would you like your website linked? \_\_\_\_\_

Type/Breed Livestock Raised \_\_\_\_\_

\_\_\_\_\_ List my membership information above on the WLBA website membership directory page.

\_\_\_\_\_ I prefer my membership information is not listed on the WLBA website.

### **CAMP DEADLINE-MAY 15, 2010**

Please make checks payable to Wisconsin Livestock Breeders Association, mail to;  
7811 Consolidated School Rd, Edgerton, WI 53534.

\_\_\_\_\_ WI Livestock Show Camp Participants Attending @ \$125.00 per camper = \_\_\_\_\_

\_\_\_\_\_ 2010 Wisconsin Livestock Breeders Family Dues @ \$25 (required unless already pd) = \_\_\_\_\_

Total: \_\_\_\_\_

(Checks returned for NSF will be charged a \$30 fee)



# 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 \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Birthdate \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_ Allergies to foods. List: \_\_\_\_\_

\_\_\_\_\_ Allergic to bee strings. Explain \_\_\_\_\_

\_\_\_\_\_ Allergies to medicines including but not limited to penicillin. List/Explain: \_\_\_\_\_

**Medications:** Please list all prescription/non-prescription medications participant will require during camp, listing dosages, time medications are to be taken, and any sensitivity: \_\_\_\_\_

Other important health information or concerns WLBA officials should be aware of: \_\_\_\_\_

**Insurance Information:** Currently covered by insurance: \_\_\_\_\_ Yes \_\_\_\_\_ No

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Policy Holders Name: \_\_\_\_\_ Group #: \_\_\_\_\_

## Physician Information:

Physicians Name: \_\_\_\_\_ Clinic \_\_\_\_\_

Phone: \_\_\_\_\_ Date of last medical examination: \_\_\_\_\_

## Parent/Guardian Information:

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

## Alternate contact in case of emergency:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_ Cell \_\_\_\_\_

It is my opinion that \_\_\_\_\_ (child's name) has no physical, mental or communicable conditions that will interfere with participation in this program. I will notify the Wisconsin Livestock Breeders Association of any changes in health or prescriptions between now and departure for this event. I understand that my son/daughter will be supervised and that if illness or injury develops, medical and/or hospital care will be given but the WLBA and its program staff are not responsible in case of accidental injury or illness. I or the alternate contact noted above will be notified as soon as possible in case of medical emergency. If a medical emergency arises, I give permission for emergency treatment as recommended by an attending physician. I agree to pay the cost of prescriptions and emergency transportation to medical facilities if necessary.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_