Topics for Youth and Adults

Friday, December 5- 6:00 pm
- How does the horse industry identify well-being?
- Round tables discussions:
  o Encouraging youth participation
  o County program organization
  o Email additional ideas to bradyc@purdue.edu until November 15
- Youth activity with the Ambassadors

Saturday, December 6- 8:30 a.m.
- Keeping your horse healthy
- Sportsmanship
- How horses learn
- Working with boards
- Courtesy and etiquette in the showring
- Youth fundraising
- Feeding to body condition score

State Horse and Pony Advisory Committee
- Subcommittees meet at 7:30 Sat.
- Full committee meeting over lunch
- Email Colleen (bradyc@purdue.edu) to get involved!!

Our Presenters

- Dr. Janet Ayres- Extension Specialist, Rural Leadership, Purdue University
- Dr. Colleen Brady- Youth Horse Extension Specialist- Purdue University
- Dr. Camie Heleski- Instructor/Coordinator Horse Management Program- Michigan State University
- Dr. Mark Russell- Horse Extension Specialist, Purdue University
- Dr. Stacy Tinkler, DVM- Purdue University School of Veterinary Medicine
- Melissa Voigt, MS- Ph.D Candidate, Purdue University
- Dr. Karen Waite- Youth Horse Extension Specialist, Michigan State University

Don’t forget to bring your youth!! The Ambassadors have planned some special activities and sessions for them.

2014 INDIANA 4-H HORSE SYMPOSIUM

December 5-6, Indiana State Fairgrounds, Discovery Hall
Registration: Deadline Monday, Nov. 24

Includes conference materials, Friday evening snack, Saturday breakfast, lunch and breaks.

Make checks payable to Purdue University, and mail to: 615 W. State Street, W. Lafayette, IN 47907 Attn: Horse Symposium

Name__________________________________________
Phone__________________________________________
Email__________________________________________

□ Adult- Registration $60
□ Youth- Registration $40
□ Lodging in Discovery Hall dormitory $10

□ Male □ Female

Must provide your own linens and shower supplies.

If youth, name of adult chaperone: _____________________________________________________

□ I require auxiliary aids due to disability.
□ I have special dietary requirements. Please indicate in the space below.

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