



WEAVER
LIVESTOCK

 **Charmasson**
Club Lambes & Clinics

REACH YOUR 2020 GOALS AS A FAMILY

Learn together with
Chad Charmasson

JULY 1-2, 2020

Carroll County Ag Center
900 Newnan Road, Carrollton, GA 30117

Registration details:

\$250 1 camper & 1 adult

\$100 nonrefundable deposit

Please contact Mickey Cook or Blue Ribbon
Show Supply for more information.

Mickey Cook:

706-302-9508 • 2livestock08@live.com

Blue Ribbon Show Supply:

912-592-5084 • blueribbonshowsupply@gmail.com



BLUE RIBBON
SHOW SUPPLY

CHARMASSON CLUB LAMBS & CLINICS
CARROLL CO AG CENTER
CARROLLTON, GA

LAST NAME _____ FIRST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____

DATE OF BIRTH _____ AGE _____

SHIRT SIZE (ADULT) - S M L XL
(YOUTH) - S M

SHIRT SIZES MUST BE TURNED IN PRIOR TO CAMP

***Sizes of shirts may not be exactly what you select, but will be as close as possible.**

NUMBER OF YEARS SHOWING EXPERIENCE _____

CAMP FEE: \$250.00

(\$100.00 is due with application by May 1, 2020)

***Remainder \$150.00 is due at Check-In

NON-REFUNDABLE \$100.00 DEPOSIT!!! DUE BY: MAY 1, 2020

MAKE CHECKS PAYABLE TO: MICKEY COOK

MAIL PAYMENT TO: Lamb Clinic, C/O Mickey Cook, 260 Straylott Rd, Franklin, GA 30217.

****Breakfast and Lunch will be provided. Dinner will be on your own.****

NEEDED EQUIPMENT:

Bring 1-2 Lambs

Make sure sheep are halter broke!! Also sheep need to have been sheared off at least 2 weeks prior to the clinic.

Depending on the specific clinic you may or may not be shearing a sheep yourself.

Blocking Stand, Blow Dyer, Electric Clippers, Halters, Water Bucket, Feeders,

Towels, Fans, Etc.....

*** You may bring additional equipment that you feel necessary.

CHARMASSON CLUB LAMBS & CLINICS

MEDICAL AUTHORIZATION AND LIABILITY RELEASE FORM **MUST BE COMPLETED!!!!**

CAMPER INFORMATION

LAST NAME _____ FIRST NAME _____

CONTACT PERSON'S INFORMATION

1) LAST NAME _____ FIRST NAME _____

PHONE NUMBER _____

RELATIONSHIP TO CHILD _____

2) LAST NAME _____ FIRST NAME _____

PHONE NUMBER _____

RELATIONSHIP TO CHILD _____

MEDICAL INFORMATION

Physical conditions, medical history, allergies and medications taken.

Be sure to include ALL medical conditions that we should know about!!!!

RESTRICTIONS ON ACTIVITIES

Is there any activity that your child cannot do at this camp due to a medical condition?

PERMISSION TO PROVIDE MEDICAL TREATMENT

We, the parents of _____ give permission to Camp Officials to enter this individual at any hospital for any emergency treatment necessary.

We, the parents of _____ release Camp Officials and any representative with the camp from any and all liability that may occur from any illness, injury, or accident while attending Charmasson Show Lamb Camp

PARENT/GUARDIAN'S SIGNATURE

1) _____ 2) _____

NOTARY PUBLIC SIGNATURE

Subscribed and sworn to this ____ day of _____, 2020

My commission expires: _____

PLEASE RETURN WITH REGISTRATION FORM AND DEPOSIT BY May 1, 2020!

Mail to – Lamb Clinic, C/O Mickey Cook, 260 Straylott Rd, Franklin, GA 30217
