

FITTING CLINIC

Whether you're showing for the first time or have been clipping cattle for years, take your grooming to the next level with one of the industry's legends, Kirk Stierwalt.

 **STIERWALT**
CATTLE & CLINICS

GA National Fairgrounds
Perry, GA

September 3-4, 2021

Topics Covered:
Daily Care, Feed & Nutrition, Clipping, Fitting & Showmanship

Limited number of spots available

Cost: \$225 Per exhibitor w/ calf

\$100 Per spectator

(Each paid exhibitor includes 1 spectator)

Todd McDonald

478-390-2566

Todd@kustomteesofmidga.com



KUSTOMTEES
OF MIDDLE GEORGIA

Stierwalt Fitting Clinic Registration Form

GA National Fairgrounds
Perry, Ga
September 3rd & 4th 2021

Exhibitor Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Spectator's
Full Name*: _____
Last First M.I.

***Each Participant is Allowed One Spectator at No Additional Charge. Each additional spectator will be \$100.**

Emergency Contact:

Please List Three Emergency Contacts.

Full Name: _____ Phone: _____

Full Name: _____ Phone: _____

Full Name: _____ Phone: _____

I understand that participation in the above event or activity could include actions or tasks which might be hazardous to the participant or spectators named above. By signing below, I assume any risk of harm or injury which might occur to the participant or spectator due to his/her/my participation in the event or activity. I release any organization, business, or individual associated with Stierwalt Fitting Clinic from all liability, costs and damages which might arise from participation in the above-named event or activity. If the participant or spectator is a minor, I agree that the minor has my consent to participate in the event. I further provide my consent for any organization, business or individual associated with Stierwalt Fitting Clinic to seek emergency treatment for the minor if necessary. I agree to accept financial responsibility for the costs related to this emergency treatment.

Signature of Participant: _____ Date: _____

If Participant is a Minor,
Signature of Parent or Guardian: _____ Date: _____

Signature of Spectator (Adult): _____ Date: _____

Contact Todd McDonald for any inquiries, 478-390-2566 or todd@kustomteesofmidga.com.
Make Checks Payable to: Todd McDonald, 805 Commerce Street, Perry, GA 31069.

******* NO REFUNDS *******