

Candy Kennedy "Sheep Camp"
November 25—27, 2005 (Friday/Saturday/Sunday)

Clinic starts at 8:30 a.m.

Name: _____

Address: _____

Phone: _____ E-mail: _____

Deposit (\$100.00) _____ Balance(\$150.00) _____

Audit: (\$50.00 per day) _____

Dog Entered: _____

Breed/Name: _____

Please answer the following questions, so we can structure this clinic to best suit our participants.

What areas would you like best to see covered in this clinic? (Ex. whistles, courses, etc.)

1. _____

2. _____

3. _____

What particular problem(s) would you like to focus on with your dog? (Please name dog.)

Do you have any special food restrictions?

The first ten people submitting deposits will be included in this clinic (1 dog per person). Please return the completed form and your deposit to: Carol Wiggins, 17738 Buena Vista Ave., Yorba Linda, Ca 93886. For information call (714) 993-4582. Audio whistle tapes will be available. Thank you for your interest and participation.