



**Clinic with Jack Knox
June 2-3, 2012
Tulelake, CA**

Jack is a two time National Sheepdog Champion and a Hall of Fame ABCA breeder. His talks include not only handling and training, but important and fascinating insights on breeding and raising pups.

Jack emphasizes "Making the right easy, and the wrong difficult." Dogs progress very quickly over the two days, and the greatest benefit you'll get is most likely from watching the method applied across a variety of dogs.

The Clinic is open to all levels of dogs and handlers. The clinic will go from 9 AM to 5 PM each day. The cost is \$225 with a dog. Spectator spots will be available for \$50 per day. Continental breakfast and

lunch included with the clinic.

Directions to clinic from Tulelake:

Go south on Hwy 139 appx 3-1/2 miles and turn left on County Road 101. For reference purposes, there is a blue house on that corner. Follow 101 until it dead ends into County Road 114. Turn right on 114 and go exactly 2 miles. We are on the left hand side and the place sits off the road about 1/8 of a mile. There is a metal sign with a dog and a cow where you turn in.

The clinic will be held at the Byrne residence near Tulelake, CA.

Contact Geri Byrne at 541-891-7518 for more information or to reserve your spot!

Mail completed form with check to:

Geri Byrne, 3701 County Road 114, Tulelake, CA 96134

No refunds after May 15th

I, as a participant and/or spectator, accept any and all responsibilities for any loss or damage that may occur to any livestock or articles exhibited. Also, if any damage, loss or injury to person or property shall be caused by reason of any neglect or willful act of any person, firm or corporation, or their agents, representatives, or employees having the privilege to be present, the Clinic Committee, Robert A Byrne Co., Geri Byrne, the property owners, and clinic attendees shall in no manner be responsible or liable. My payment acknowledges that I have read this and that I am responsible for any cost incurred as a result of damages caused by my dog(s) to the facilities, animals and/or persons.

Signed _____

Name _____ Email _____

Address _____ Phone _____

City _____ State _____ Zip _____

Dog's Name _____ Dog's Age _____

Level of training: _____

I will attend: ___ Participant @\$225 each ___ Spectator @\$50 per day each

\$100 deposit required to reserve space. Balance due by May 15th

Please make checks payable to: Geri Byrne