

Winter 2018 – JACK KNOX CLINIC

SATURDAY AND SUNDAY, JANUARY 20 AND 21, 2018
Outlaw Ranch, 129 E 200 N (Weeding Lane), Blackfoot, Idaho
START TIME 9:00 A.M. BOTH DAYS

The Eastern Idaho Stock dog Association is proud to once again bring Jack Knox back to our area to teach a stock dog handling clinic. Jack is a two-time USBCHA National Sheepdog Champion and the 2012 Reserve National Champion. He is a renowned breeder, handler, trainer and trial judge. He has been training and running Border Collies his entire life and is an extremely popular, accomplished and well-respected clinician. Originally from Scotland, he now lives in Missouri with his wife Kathy where they manage an extensive dog and sheep operation. If you have questions, contact Lonna Jean Conroy - ljconroy48@gmail.com or 208-251-2456.

Fees: Club members in good standing = \$215/dog, Non-members = \$240 for the first dog, \$215 for each dog thereafter (includes a one-year, individual club membership). Fees cover both days. The Clinic is limited to 17 dogs (first paid/first in). Audit fees for club members: \$15/day. Audit fees for non-members: \$25.00/day or \$40.00 for the weekend. No limit on auditors. Handlers and auditors can pay a \$10 fee to cover lunch each day or you can bring your own. You must be pre-registered and have all club fees paid to hold a spot for a dog. Please make checks payable to E.I.S.D.A. and mail to Club Treasurer, Lonna Jean Conroy - 3470 S. Marsh Ck. Rd., McCammon, Idaho 83250. **Checks will be deposited upon receipt.** Venue directions will be emailed to attendees.

Cancellation policy: Once you have paid there will be no refunds. If for any reason you are unable to attend you can sell your spot to someone else. The Club Treasurer may have a waiting list. Contact Lonna Jean Conroy for waiting list information.

ENTRY FORM

HANDLER'S NAME: _____ Dog's Name: _____

ADDRESS: _____

TELEPHONE: _____ Email address: _____

BREED OF DOG: _____

EXPERIENCE: (DOG) NOVICE: ___--___ INTERMEDIATE: _____ ADVANCED: _____

I WISH TO AUDIT THE CLINIC. 1ST DAY: _____ 2ND DAY: _____ BOTH DAYS: _____

(Submit a separate form for each dog you plan to register in the clinic)

I do hereby agree that in the event of injury to me or my dog, I will not hold owner(s) of property, employees, sponsors of the clinic, helpers, or the clinician responsible. I also agree to pay for any damage to livestock or property caused by me or my dog(s) during the clinic. (Vet bill if applicable or \$175 to replace an animal.)

SIGNED _____ date _____