

# Sheep Camp

Featuring Don Helsley and Patrick Shannahan

October 27-30, 2011

Event coordinator: Dianne Deal

Cost: \$550 for 4 days

Event will be held at the Helsley Ranch and Red Top Farm. Camp is limited to 20 individuals. Each day, 10 students will be paired with an instructor. Students will have 2 days with Don Helsley and 2 days with Patrick Shannahan. Be sure to bring appropriate clothes, notepads and a chair. Lunch will be provided. Call for a list of area motels.

Seminar will focus on training sheep dogs. . All levels of trainers are welcome. Dogs should be able to do Pro-Novice work. Spaces are limited so get entries in early. A deposit of \$250 will hold your spot.

Make checks payable to Dianne Deal and mail to

Dianne Deal

PO Box 15

Greenleaf, ID 83626

Any questions? Call Dianne Deal 208-318-4920

Patrick Shannahan 208-249-1667

Don Helsley 208-866-6982

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dog's name: \_\_\_\_\_ Age: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

I(We) certify that I(We) am(are) the owner or duly authorized agent of the owner(s), of the dogs, entered above. I(We) agree to hold the owner of the property, Don and Jeanie Helsley, Patrick Shannahan or their employees and helpers or any employees of the property where the clinic is held, harmless from claim for loss or injury which may be alleged to have been caused directly or indirectly to any person, dog, stock or thing by the act of this dog(s), while in or upon the trial area, or near any entrance thereto, and I(We) assume all responsibility and liability for any such claim. I(We) further agree to hold the aforementioned parties harmless from any claim for damages or injuries to the dog(s) incurred due to negligence of or by any of the aforementioned parties, or by negligence of any other person or any other cause or causes. In case of injury to any stock by the dog(s), I(We) will assume financial responsibility for any damages. I(We) will pay the full market value of any animal killed (\$150), seriously injured, or the veterinarian bill if so required. My signature and/or check consents to these conditions.

Name: \_\_\_\_\_