



## **TRACKING CLINIC and TRACKING TEST**

Sponsored by WASCUNY

Clinic: Saturday, April 20, 2024

8:30am – 4:30pm

BTD, TD, TDX Test: Sunday, April 21, 2024

Draw for tracks at 8:00am

Clinicians: Debra St. Jacques, Joanne Tobey

Clinic location: Argyle, NY 12809

For more information on the Tracking test,  
see [www.wascuny.org](http://www.wascuny.org)

This clinic is intended for dogs and handlers who are beginners or advanced beginners. Specific focus of the clinic will be determined by the needs of the participants. Please fill in as many details as possible on your registration form!

We will limit the number of dog/handler teams to 8. Unlimited auditors are welcome! If the working spots fill, preference will be given to WASCUNY members. Spots available on a first-come first-served basis.

**Clinic fees:** Working teams: \$50 for WASCUNY members, \$75 for non-members. Auditors: \$25

All registrations must be received no later than **Wednesday, April 3, 2024**. If you do not receive confirmation of your registration within 1 week of sending it, please email [jot925@aol.com](mailto:jot925@aol.com) or [beauwdbear@gmail.com](mailto:beauwdbear@gmail.com).

**Checks made payable to WASCUNY & mailed with registration form to:**

Debra St. Jacques

58 Bain Rd, Argyle, NY 12809

Don't forget to SIGN the agreement at the bottom of the registration form!

This clinic will be held outdoors on private property. Be prepared to crate in your vehicle. We will have a covered area and bathroom facilities available.

Questions? Contact Deb St.Jacques at 518-636-8392 or [beauwdbear@gmail.com](mailto:beauwdbear@gmail.com) Or Joanne Tobey at 508-574-0926 or [jot925@aol.com](mailto:jot925@aol.com)



**REGISTRATION FORM: WASCUNY TRACKING CLINIC.**

Saturday, April 20, 2024 9:00am – 4:00pm

Working teams: \$50 for WASCUNY members. \$75 for non-members. Auditors: \$25 per person.

Mail this form and your check made payable to WASCUNY to:

Debra StJacques, 58 Bain Rd, Argyle, NY 12809

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

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

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

E-mail: \_\_\_\_\_

Dog's call name: \_\_\_\_\_

Dog's breed: \_\_\_\_\_

Dog's age: \_\_\_\_\_ Dog's gender: \_\_\_\_\_

**WHAT DO YOU WANT TO FOCUS ON?** (check or write in as many as you want)

Brand-new beginner-how do I start? \_\_\_\_\_

Advanced beginner-want help with:  
\_\_\_\_\_  
\_\_\_\_\_

Track-laying and drawing maps? \_\_\_\_\_

Preparing for a test? What level?  
\_\_\_\_\_

What are the different tests, anyway? \_\_\_\_\_

Making a training plan? \_\_\_\_\_

Using apps? \_\_\_\_\_

Line handling? \_\_\_\_\_

Other ideas (use back of page if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WE WILL BE HOLDING A ZOOM MEETING BEFORE THE CLINIC.**

This will last approximately one hour, and will cover "getting started", including equipment and beginning steps, and what to bring for the clinic.

CHECK ALL DATES/ TIMES THAT WOULD WORK FOR YOU: Friday, April 5, 2024 @ 7:00pm \_\_\_\_\_

Friday, April 5, 2024 @ 8:00pm \_\_\_\_\_

Tuesday, April 9, 2024 @ 7:00pm \_\_\_\_\_

Tuesday, April 9, 2024 @ 8:00pm \_\_\_\_\_

Wednesday, April 10, 2024 @ 8:00pm \_\_\_\_\_

Tuesday, April 16, 2024 @ 7:00pm \_\_\_\_\_

Tuesday, April 16, 2024 @ 8:00pm \_\_\_\_\_

Wednesday, April 17, 2024 @ 8:00pm \_\_\_\_\_

**AGREEMENT TO HOLD HARMLESS, WAIVER, AND ASSUMPTION OF RISK**

I understand that tracking with WASCUNY, Inc. is not without risk to me, members of my family or guests, my dog(s), other participants, or members of the general public who may attend or be present.

I hereby waive and release the Working Australian Shepherd Club of Upstate New York, Inc. (WASCUNY) and all their members, officers, boards, and agents from any and all liability of any nature for any injury or damage that I, my family, guests, or dog(s) may suffer while at this clinic.

Additionally, I hereby agree to indemnify and hold harmless WASCUNY, Inc. and Mark and Debra St Jacques who are allowing me to track on their property during this WASCUNY clinic from any and all claims, or claims by any other participant, member of the general public, any WASCUNY member, or any member of any family or other person accompanying me while on the fields of the surrounding area thereto as a result of any action by any dog, including my own, during WASCUNY events.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_