2011 ASSA JUNIOR HANDLING CLINIC RESERVATION FORM

Clip the desired forms and send to the addresses provided

****DO NOT MAIL TO ONOFRIO DOG SHOWS****

Junior Handling Cli		*******
Name		No Fee
Address		
City		Zip
Phone	E-mail	
Age and division (Novice, Intermedia	ite or Open)	
There is no fee but you do need to re	•	

Send to: Sondra Mauzy 6225 W Mason Rd. Deer Park,WA 99006

For further information, contact Sondra at (509) 844-4671 or e-mail at: symathisen@aol.com