

Mike Stewart Stockdog Clinic
In honor of Robert L. "Bob" Kelley and W.A.

ADD DATES (Sat. and Sun.)

Stewart Farm, 9879 Hwy 62E, Horse Branch, KY 42349

Clinic hours 8 AM to 5 PM, or later, daily. NOTE: Location is in the Central Time Zone

Handlers and stockdogs of any level are welcome. Mike offers a variety of fenced areas for working sheep and dog-broke calves. Ten handler / dog teams and multiple auditors can attend each day. Mike will work individually with each handler and dog twice per day, with long enough time to make progress. Younger dogs may work three, shorter periods per day.

Working spot: \$150 per day Auditor: \$50 per day

You may choose to work either day or both days.

Please contact me if you are interested in attending in order to reserve a spot. **Please pay at clinic – send no fees in advance.** There is no penalty for cancellation. Breakfast snacks, hot lunch and dinner (if you wish) are provided by Patty and Mike. Coffee, water, etc. available all day.

If you have questions about the organization of the clinic, please contact Sallie Butler KryptoMongov@verizon.net, or 617-797-2737 (voicemail and texts ok, but my cell phone does not accept email or attachments). Please feel free to call Mike Stewart 270-256-5892 (**after 5 PM Central Time**) if you have any questions about training and your dog.

| Handler (first name) and Dog name/age | Sat. DATE Work or Audit? | Sun. DATE Work or Audit? | Fee |
|---------------------------------------|------------------------------------|------------------------------------|-----|
| | | | |
| | | | |
| Total | | | |

Name

Address

Phone

Email

I, as a participant and/or auditor, of the Mike Stewart Clinic held at Stewart Farm, hereby waive and release for myself, my heirs, executors, assigns and administrators all rights and claims I may have to damages against Stewart Farm, Mike and Patti Stewart, Pat Ennis, Sallie Butler and their representatives, and all persons sponsoring or participating, for any injuries which may be suffered by me or my dog during this event and gathering. I understand that I am responsible for any cost incurred, as a result of damage caused by me, my family or my dogs to facilities, animals, livestock or persons.

Signed: _____ Dated: _____

Note: The clinic will comply with Kentucky's COVID-19 public health requirements.