



# The Victorian Working Sheep Dog Association Incorporated

A0015093 L ABN: 52 101 431 860



## TRAINING DAY - SATURDAY 21<sup>ST</sup> APRIL 2018

**VENUE:** Dyalls Lane, BERRYS CREEK

25 km from Leongatha and 8 kms from Mirboo North

Phone: 5668 8263

**Instructors: Jim Dodge and Ed Thompson**

*Booking is essential*

*Please do not book or contact Jean until after 14<sup>th</sup> February as will be away at Port Fairy*

**COST:** \$15 - all participants

Non Members: \$ 45 – Associate Membership to ensure insurance coverage/adherence to VWSDA Rules. Associate Membership Form must be completed.

Contact either Jean or VWSDA Secretary [schrapel1@activ8.net.au](mailto:schrapel1@activ8.net.au) for a copy of the Associate Membership form.

The Association's financial year commences on the first day of July each year and terminates on the 30<sup>th</sup> day of June the following year

Interstate participants must be a member of the Working Sheep Dog Association in the state in which reside

**TIMETABLE:** 9:00 am start

**CATERING:** morning tea, light lunch and afternoon tea available

**APPLICATIONS CLOSE:** 10<sup>th</sup> April 2018. Late applications subject to availability

**SEND TO:** Jean Moir, 39 Dyalls Lane, Mirboo North Vic 3871

**PAYMENT:**

- **Cheque /Money Order payable to VWSDA with application**
- **Cash on day**
- **Direct Deposit:** date of DD .... /..... /20....

**BSB 083 894 Account Number 515170316 BANK/BRANCH:** NAB, Shepparton

**Reference:** Training Day **Remitter:** (your name)

**ENQUIRIES:** Jean Moir: Tel: 03 5686 8263



VWSDA is proudly sponsored by



President: Mr Bill Paton, 356 Badham's Road, TOOLONG VIC 3285

Tel: 03 5568 5232

Secretary: Mrs Diann Schrapel, P O Box 234, SEYMOUR VIC 3661

Tel: 03 5792 1089

Honorary Registrar: Mrs Kerry Dodge, 947 Smythesdale Road, SNAKE VALLEY 3351

Tel: 03 5344 9338/0407 449 338



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CLOSING DATE OF APPLICATIONS: 10<sup>th</sup> April 2018

Please complete the following details

Name: \_\_\_\_\_ VWSDA Member: YES  NO

Address \_\_\_\_\_ TOWN/CITY \_\_\_\_\_ P/CODE \_\_\_\_\_

Telephone No: \_\_\_\_\_

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

Number of Dogs bringing to Training Day \_\_\_\_\_

Name and Breed of Dog/s \_\_\_\_\_

Experience of Dog/s \_\_\_\_\_

Amount enclosed: \$ .....

Please return (if applicable your application for Associate Membership), payment and application to: VWSDA Inc. Jean Moir, 39 Dyalls Lane, MIRBOO NORTH VIC 3871

### FOR OFFICE USE ONLY

DATE RECIEVED	DRAWER	BANK	BSB/LOCATION	AMOUNT
Cheque/Money Order/Cash				\$
DIRECT DEPOSIT	DATE OF DEPOSIT:			

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