



TRACKING CLINIC and BTD Test

Sponsored by WASCUNY

Clinic: Saturday, May 10, 2025

9:00am – 4:00pm

BTD Test: Sunday, May 11, 2025

Clinicians: Debra St. Jacques, Joanne Tobey

Clinic location: Argyle, NY 12809

For more information on the Tracking test,
see www.wascuny.org

This clinic is intended for handlers who are beginners or advanced beginners. The specific focus of the clinic will be determined by the needs and levels of those who enter, so please be VERY specific and provide lots of details on your

registration! We will cover different methods of starting new dogs and will work with those already started on specific issues they may have.

Note: track-laying and plotting will only VERY briefly be covered in this clinic. We will have a separate clinic to address those subjects.

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

Limit of 8 working teams (preference given to WASCUNY members) Unlimited auditors

All registrations must be received no later than **Wednesday, April 30, 2025**. If you do not receive confirmation of your registration within 1 week of sending it, please email jot925@aol.com or 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. We will have a covered area and bathroom facilities available. Bring your own lunch/snacks.

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

EXCITING NEWS!!! We will be offering a certification track (AKC or ASCA) on Sunday, 5/11/24 after our BTB test! Preference will be given to those who attend our clinic OR volunteer to help at one of our tests.



REGISTRATION FORM: WASCUNY TRACKING CLINIC.

Saturday, May 10, 2025, 9:00am – 4:00pm

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

Mail this form and your check (payable to WASCUNY) to: Debra St Jacques, 58 Bain Rd, Argyle, NY 12809

Name: _____

Address: _____

Phone: _____

E-mail: _____

Dog's Name: _____

Dog's Breed: _____

Dog's Sex: _____ Neutered? _____ Age: _____

NOTE: We will hold a Zoom presentation prior to the day of the clinic covering aspects of getting started in tracking. It will last approximately 1 – 1.5 hours. This is included in the seminar fee. Please choose what dates/times you would be able to attend. Tuesdays, 4/26/25 & 5/6/25 would be 8:00pm. All other days, please write in your choice of 7:00pm, 7:30pm, or 8:00pm

Saturday, 4/26/25 _____ Sunday, 4/27/25 _____

Monday, 4/28/25 _____ Tuesday, 4/29/25 _____

Sunday, 5/4/25 _____ Tuesday, 5/6/25 _____

Your tracking experience:

Dog's tracking experience:

Specific questions you have, things you want to work on. PLEASE let us know what you would like covered! (use the back of this form as needed):

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, Renée St Jacques, Sharon St Jacques Wood, and Joyce 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: _____