GUN DOG CH

Treasure Coast Gun Dog Club

Rich Louter Flushing Clinic

First Name					Last	Name				
Address Line 1										
Address Line 2										
City						State		Zip		
Email						Cell				
Emergency Contact					Contact	t Phone				
Dog Information include call name experience level										
Handler Informa	tion									
Working spots \$1	50.00			Audit spo	ts \$50 [

Make checks payable to **TCGDC.** Please enclose your check (NO CASH) along with this form and mail to:

Treasure Coast Gun Dog Club, Inc. c/o Elizabeth Scherer, Treasurer P.o. box 1476
Vero Beach, FL 32961

Include Spaniel Clinic in the memo field