

Herding Clinics with Lee Lumb



clinic dates:

October 31st & Nov. 1st /09
November 28th /09
March 20th/10
April 10th/10

Sanctioned by BCSDA

CLINIC DETAILS:

Topics have been indicated for each clinic to address parts of progressive training. Each topic can be adapted to suit your dog's level of training – beginner to advanced. The morning will be focused on the topic indicated. The afternoon can be used to further the morning training or to address another training issue you may be having with your dog.

Clinic #1: October 31st 9 am to 4 pm

Morning Topic: **The Outrun & Lift** –coming to balance, getting deep, bending in or out, achieving the correct approach for the rest of the work

Clinic #2: November 1st 9 am to 4 pm

Topic: **Introduction to herding** for inexperienced dogs and/or handlers – how to start a dog/puppy on sheep, progressive foundation training

Clinic #3: November 28th 9 am to 4 pm

Morning Topic: **Driving** – ways to train it, keeping correct flanks

Clinic #4: March 20th 9 am to 4 pm

Morning Topic: **Penning** and working in confined spaces

Clinic #5: March 21st 9 am to 4 pm

Topic: **Herding for Beginners** – introducing your dog/puppy to herding, balance work, understanding body positioning and pressure

Clinic #6: April 10th 9am to 4 pm

Morning Topic: **Shedding** – when and how to introduce it in your training

Location:

Stirling Acres, 6845 Learmouth Rd. Coldstream, BC (15 km east of Vernon off Hwy 6)
Outdoor arena
Morning coffee/refreshments will be provided. Pls. bring your lunch – will have a ½ hr. break for lunch.

Cost:

- \$90.00 per handler/dog per clinic.
- BCSDA members can apply for \$20 grant towards clinic fees.
- Audit only: \$45 per clinic
- Payment due to hold a spot in the clinic .

Information:

Contact Lee Lumb 250-545-6730 or llumb@shaw.ca

To become a BCSDA (BC Stock Dog Association) member please go to the web site at www.stockdog.bc.ca for a registration form and mailing address.

REGISTRATION FORM FOR HERDING CLINICS WITH LEE LUMB

Name: _____

Phone number: _____

Email address: _____

Dog's name: _____

PLEASE PUT CHECK MARK BESIDE THE CLINIC YOU ARE REGISTERING FOR:

- | | | | |
|------------------------------------|------------|------------------------------------|------------|
| <input type="checkbox"/> Clinic #1 | Oct. 31/09 | <input type="checkbox"/> Clinic #4 | Mar. 20/10 |
| <input type="checkbox"/> Clinic #2 | Nov. 1/09 | <input type="checkbox"/> Clinic #5 | Mar. 21/10 |
| <input type="checkbox"/> Clinic #3 | Nov. 28/09 | <input type="checkbox"/> Clinic #6 | Apr. 10/10 |

COST: _____ clinic(s) @ \$90 per clinic = \$_____

Or: Audit Fee: _____ clinics @ \$45/ person = \$_____

TOTAL: \$_____

Make cheque payable to Lee Lumb and mail to: 6845 Learmouth Rd. Coldstream BC V1B 3G9