

**Junior Handling Clinic Reservation Form
2009 ASSA National Specialty
Perry, GA – Friday, April 24, 2009**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

E-mail Address: _____

I will be attending the: Handling Clinic Pizza Party Both

Age & Division (Novice or Open): _____

There is no fee to attend, but advanced registration is required.

**Mail completed form to:
Meredith Hector
ASSA Junior Showmanship Chair
1100 SW 128 Drive, Davie, FL 33325**

For more information, contact Meredith at: ilemist2@hotmail.com or (954) 309-7887