

RMC NAVHDA Team Elevate Program

Youth Training Clinic Voucher (hosted by RMC NAVHDA)

APPLICATION INFORMATION

Youth Handler Name:

Age: (under 19 years old):

Parent Name:

Mailing Address:

Email Address:

Phone Number:

CLINIC INFORMATION

Date of Clinic

Clinic Leader:

Chapter Clinic Contact:

Cost of the Clinic:

APPLICATION LETTER OF REQUEST

Please use the area below for your letter of request. Please explain your experiences with dogs and why you would like to participate in a RMC NAVHDA Training Clinic. Examples could be: Do you currently have a dog or are you getting one? Do you hunt or plan on hunting when you can? Have you participated in a hunter's safety course? Do you train your dog regularly? Do you want to run in a NAVHDA test or have you already done so? What is your favorite part of owning and training your dog? What do you hope to gain from attending the clinic? Tell us what you enjoy about RMC NAVHDA Team Elevate. (Please include a separate document if more space is needed)

YOU ARE ENCOURAGED TO INCLUDE A PHOTO AS WELL A NOTE OF RECOMMENDATION FROM SOMEONE FROM THE RMC NAVHDA CHAPTER OR FROM WITHIN NAVHDA. PLEASE CONSIDER WRITING AN ARTICLE FOR THE NAVHDA VHD MAGAZINE AFTER THE CLINIC TO SHARE ABOUT YOUR EXPERIENCE!