

BILLIE RICHARDSON



STOCKDOG CLINIC

DECEMBER 5-7, 2025 | D&D MINI RANCH, QUEEN CREEK, AZ
WORKING CLINIC & AUDITING *CATERED LUNCH INCLUDED

LIMITED SPACE AVAILABLE



READ LIVESTOCK & APPLY PRESSURE EFFECTIVELY

Recognize balance, flow, and movement so your dog learns to work with purpose and feel.

SHAPE NATURAL INSTINCTS WITH FAIRNESS

Develop control and respect without dulling drive or confidence.

PRECISION, PRESSURE & PARTNERSHIP

Join us for an unforgettable weekend with Billie Richardson, 2018 World Stockdog Champion and one of the few handlers to take an Australian Shepherd to the top of the international stage. Billie's journey began just like many of us – with a show-bred Aussie, a dream, and a determination to learn. Today's she's made history competing (and winning) against the world's best.

Billie's clinic is designed to help each team, from novice to advanced, build a stronger connection through clarity, timing, and understanding stock. Her focus goes beyond drills and commands; it's about developing teamwork and confidence that carry into every run.

Members \$350 Per Team
Non Members \$400 Per Team
Audit \$65 Per Day

STRENGTHEN YOUR TIMING AND COMMUNICATION

Use body language, timing, and tone to guide your dog with fairness and consistency. Learn how to focus on your own goals, blockout comparison, and grow as a handler.



BILLY RICHARDSON PRECISION, PRESSURE & PARTNERSHIP CLINIC REGISTRATION FORM

Registration Details

This is a three-day clinic. Entries will be accepted by postmark date until the clinic is full. Entries are open now. **Payment must accompany your registration.** If your entry arrives after the clinic has filled, please indicate whether you'd like to be placed on a **waiting list**. Otherwise, your entry and fees will be returned.

- **Teams may be split;** advanced notice of all participating dogs is required. Handler must remain the same.
- **Members \$350 Per Team. Non-Members \$400 Per Team.** All entries include a **catered lunch each day.**
- **Auditing** is available at \$65 per day or \$195 for the full weekend, lunch included.

Handler Name _____		AWA Member YES NO		WAIT LIST IF FULL YES NO					
Address _____									
Phone _____		AUDIT ONLY		12/5	12/6	12/7			
Email _____				COMPLETE ONLY IF SPLITTING TEAM (MULTIPLE DOGS)					
		Dog Experience Level		Friday 12/5		Saturday 12/6		Sunday 12/7	
		(B) Beginner (N) Novice (S) Started (O) Open (A) Advanced		AM PM		AM PM		AM PM	
Dog Name		Breed		B N S O A		B N S O A		B N S O A	
		Handler Experience Level							
		B N S O A							

Make Check Payable to "AWA"

- ☐ I am not currently a member of **Arizona Working Aussies** but would like to join. I have included a completed **membership application** along with the **dues corresponding to my registration level** in the amount of \$_____.
- ☐ I understand that to participate in the **Precision, Pressure & Partnership Stockdog Clinic with Billie Richardson**, I must sign the **facility and participation agreement**. I have completed this agreement and included it with my **clinic registration and payment**.

Arizona Working Aussies
20026 E Superstition Drive
Queen Creek, AZ 85142

Questions? Dan Sanderson
(602) 527-1625

- Clinic Registration Form

Facility & Participation Agreement

Membership Application (if applicable)

Check: Clinic Registration/Membership



FACILITY & PARTICIPATION AGREEMENT

1. Herding is inherently a dangerous activity. Dogs, livestock, and people may be injured during herding. Therefore, in consideration of working livestock with my dog, I (we) agree to the following:
2. Livestock/Facility Owner has the right to refuse to let me or my dog work stock
3. Livestock/Facility Owner, Clinician, and Arizona Working Aussies (including its officers and members) will be held harmless from any claim, loss, or injury which may be alleged to have been caused by this dog while in, on, or about the event premises.
4. I (we) personally assume all responsibility and liability for any claim against this dog, and I (we) further agree to hold the parties harmless from any claim for loss, injury, or damage to this dog.
5. I (we) will pay for any medical, veterinarian bills or replacement value in the event of serious injury to the livestock caused by me and/or my (our) dog.
6. Additionally, I (we) hereby assume the sole responsibility for and agree to indemnify, defend, and safe the aforementioned parties harmless from any and all loss and expense (including legal fees) by reason of the liability imposed by law upon any of the aforementioned parties for damage because of bodily injuries, including death at any time resulting there from, sustained by any person or persons, including myself (ourselves) or on account of damage to property, arising out of or in consequence of my (our) participation in this event, however such injuries, death, or property damage may be caused, and whether or not the same may have been caused or may be alleged to have been caused by the negligence of the aforementioned parties or any of their employees, agents, or any other persons.

Handler Name (Printed): _____

Handler Signature: _____ Date: _____

Dog(s) Name: _____



ARIZONA WORKING AUSSIES
 20026 E Superstition Drive
 Queen Creek, AZ 85142
www.arizonaworkingaussies.org
contact@arizonaworkingaussies.org
 602/ 620-0264

MEMBERSHIP APPLICATION

As a member of Arizona Working Aussies, you will have priority when entering any sponsored clinics, fun days, etc.

MEMBERSHIP YEAR

20____

- ☐ New
- ☐ Renewal

Membership Dues

- ☐ Individual Annual \$20 (1 vote)
- ☐ Family Annual \$25 (2 votes)
- ☐ Junior Annual \$ 5 (Non-voting)
- ☐ Individual Lifetime \$100
- ☐ Family Lifetime \$175

Mail to Club Address Above

- ☐ Completed Application
- ☐ Check payable to
Arizona Working Aussies

Applicant Name _____ ASCA# _____ Exp: ____/____/____

Co-Applicant Name _____ ASCA# _____ Exp: ____/____/____

Co-Applicant Name _____ ASCA# _____ Exp: ____/____/____

Mailing Address _____ City _____ State _____ Zip _____

Phone (Cell) (____) _____ Email _____

Phone (Home) (____) _____ Website _____

Phone (Work) (____) _____ Occupation _____

Breed(s) of dogs you currently own:

- | | | |
|---|-----|----|
| Are you 18 years old or older? | Yes | No |
| Are you (and any co-applicants) in good standing with ASCA? | Yes | No |

I, THE APPLICANT(S), AGREE TO ABIDE BY THE CONSTITUTION, BYLAWS, POLICIES, PROCEDURES, RULES, REGULATIONS, CODE OF ETHICS, AND DISPUTE RULES OF BOTH THE PARENT CLUB "AUSTRALIAN SHEPHERD CLUB OF AMERICA" AND "ARIZONA WORKING AUSSIES".

Signature of ALL Applicant(s):

Date ____/____/____
 Date ____/____/____
 Date ____/____/____

Areas of Interest: Competing Clinics Stock Handling Timer/Scribe Other

Notice: Dues must be paid before you are eligible to vote. Annual dues will not be pro-rated by date. The fiscal year will be January 1 through December 31. All annual memberships expire at midnight December 31. To serve as an officer or director, you must be a member of the Australian Shepherd Club of America, Inc. (ASCA). You do not have to own an Australian Shepherd to be a member. If you need an application to join ASCA, please call the ASCA business office at (979) 778-1082 or visit <https://www.asca.org>