

TRIAL HELPER BOOK APPLICATION

Date:	-	
Name:		
Address:		
City:		_ Zip:
Phone #:	Email:	
GSDCA Member No:		

\$25 Helper Book Fee

Mail or E-mail application with payment to:

Joy Schultz 1350 Centerville Ln., #49 Gardnerville, NV 89410 office@gsdca.org 775-392-2913