



GRAY DAWN, A Study in Blue

August 18-19, 2018

The 22nd ANNUAL GATHERING AT SUNNYBANK
381 Terhune Drive, Wayne, NJ 07470
HELD BY AND FOR THE BENEFIT OF THE COLLIE HEALTH FOUNDATION
www.colliehealth.org

SUNNYBANK DAY - SATURDAY

9:00a

SUNNYBANK WALKING TOURS

SPECIAL GUEST SPEAKERS

Kathryn George, Noralee Smiley, Marilyn Horowitz,
Kristina Marshall, Judy Leathers

CANINE GOOD CITIZEN TEST \$15

Joni Primas, Evaluator

THERAPY DOG CERTIFICATION \$30*

Bright & Beautiful

CGC Dogs must be 6 months; Therapy Dogs must be 1 year

Entries Limited - Pre-registration Required

**Call Sue Chandler 973-696-2506 or
greyskyes110@optonline.net*

GATHERING GROUP PHOTO

ELEPHANT VIRTUES MATCH

Bring your favorite toy elephant to enter for the biggest ears, longest trunk,
biggest belly, sweetest smile...

COLLIE DAY - SUNDAY

9:00a

COLLIE MEMORIAL CELEBRATION

See Form Below

VIRTUES MATCH

Moderated by Royal Rock's Leslie Canavan

Kris Mulligan, Glenshire,

Annette Rawlings, Sealore

Candace Ardizone, Trav'ler

THE GATHERING JUNIOR'S MATCH

Hannah Rawlings, Sealore

LAD MEMORIAL MATCH

Jennifer Mulligan, Glenshire

Hannah Rawlings, Sealore

Banquet Dinner @ Portobello's

Main Floor Dining Room, 155 Ramapo Valley Road, Oakland

\$38 Advance Reservations OR \$48 at Door ♦ Send Check Payable to "CHF" to Gerrie by 8/10

HOLIDAY INN EXPRESS

303 Union Ave, Haskell, NJ 07420

\$105+ Tax, Plus Pet Fee \$25 per room/night

Block ID #242204 Call 973-839-4405

RED ROOF INN

855 US Highway 46, Parsippany, NJ 07054

17 Miles - 20 Minutes

\$67.99 Double & 1 Pet Free

Code B072SUNNY1

800-733-7663

LA QUINTA INN & SUITES

38 Two Bridges Road, Fairfield, NJ 07004

8.9 Miles - 18 Minutes

\$109+ Tax Double Room & 2 Pets Free

Call 973-575-1742 Before 7/15

Code "The Gathering at Sunnybank EPO"

FMI: Gerrie Oliver, 60 Columbus Avenue, Closter, NJ 07624 - (201) 768-1282 - olivergerrie@gmail.com

Collie Memorial Celebration at Sunnybank - *Send by August 1, 2018*

Memorial Card Order Form

Name for (memorial) (celebration) _____

Any additional information (title, year of birth, etc.) (8-10 words only please) _____

Your Name: _____

Street Address: _____

City State Zip: _____

Email: _____ Phone: _____

Number of cards ordered at \$4.00 each _____ Total amount enclosed: \$ _____

Please make your check payable to **Collie Health Foundation**

FMI: 201-391-9826 or susiezo@aol.com

Mail To: **Mrs. Susan DeLorenzo**

22 West Park Avenue

Park Ridge, NJ 07656

*If you wish to have your card(s) mailed after the Memorial, enclose a No. 10 SASE for every 2 cards ordered,
or a SAS priority mailer if you are ordering a large quantity*