

## SOUTHERN NEW HAMPSHIRE WORKING DOG CLUB

SNHWDC OFFICIAL TRIAL ENTRY

Trial location: Club Field as the National Guard Armory, Armory Rd Milford NH 11/16/18 - 11/18/18 Heidi Theis - USCA

	Nom				Talashana				Moil.				
Handle	r	Name: Address:				Telephone: City:				E-Mail: State: Zip:			
Info									State.		Zip:		
		USCA Membership #: Other:											
	Date	and place	BH earned	•									
Degistered Names													
Dog Info		Registered Name:				Bre							
	Date of	Date of Birth (Month/Day/Year):				Sex: Male Female				Country of Birth:			
	AKC F	AKC Reg. #:				Reg. # if foreign born: (Must be FCI recognized kennel club registry)							
	Tattoo	Tattoo #: and/or Microchip #:				Working Titles:							
	Score	book #:		WUSV	SV or FCI Organization: USCA, AWDF, or Other:								
	Is ow	Is owner same as Handler? Yes No											
Owner Info	Name	Name:				Telephone: E-M				lail:			
	Addre	Address:				City:			State:		Zip:		
	Co-ov	Co-owner Name (if applicable):											
	Check	Event	USCA	NON-USCA	Check	Event	USCA	NON_USCA	Check	Event	USCA	NON-USC	
-	One	IPO1	Member \$70	Member \$95	One	APr1	Member \$70	Member \$95	One	OB/UPr 1	Member \$60	Member \$85	
Entry		IPO2	\$70	\$95 \$95		API1 APr2	\$70	\$95		OB/UPr 2	\$60 \$60	\$85	
		IPO3	\$70	\$95		APr3	\$70	\$95		OB/UPr 3	\$60	\$85	
Fees		AWD1	\$70	\$95		IPO-VO	\$70	\$95		TR/FPr 1	\$60	\$85	
		AWD2	\$70	\$95		FH	\$70	\$95		TR/FPr 2	\$60	\$85	
		AWD3	\$70	\$95		BH	\$60	\$85		TR/FPr 3	\$60	\$85	
$^{ m AD}$ $^{ m \$60/\$85}$ Make check payable to SNHWDC and send to:													
			•••				aabakk	- ua - oa					
				91 Ha				H 03110					
91 Hardy Road, Bedford, NH 03110 <u>Daabakk_kjersti@hotmail.com</u>													
								of the dog's owner					
agrees to be fully responsible for the actions of his/her dog(s) while on the event grounds. I agree to hold HARMLESS the event-giving club, Southern new Hampshire Working Dog Club, the United Schutzhund Clubs of America, as well as their members and officers and directors and all owners of property on which the event is being held for the loss or injury which may													
have been caused directly or indirectly to any person or myself, including death, or property, including my property, by any act of a dog while in my care, while on the event premises. I hereby assume all responsibility and liability for such claims. I further relinquish and waive all claims and agree to hold HARMLESS the event-giving club, Southern new Hampshire													
Working Do	ng Club, th	ie United Schu	utzhund Clubs of	America their me	mbers, office	ers and dire	ctors and all c	wners of property u	upon which t	he event is bei	ng held for loss	s to property,	
including m event.	y property	and/or injury to	any person or n	nyself, including dea	ath, which m	nay have bee	n caused direc	tly or indirectly to my	yself or a do	g while in my ca	re during partic	ipation in this	
WAIVER O								United Schutzhund					
								f action or liability of egligence of any of					
onto the pre	emises by	us, our agents	, servants, emplo	yees or assigns. T	he right of ir	ndemnificatio	n granted abov	ve, will exist irrespec	tive of wheth	ner the acts, om	issions and/or i	negligence of	
								nd or negligence of a egligence of Souther					
Schutzhund				.,				-gg		r	9		
I am tha a	unor hord	lor or duly su	harizad agant of	this ontry I have to	and and und	orotond and	agroo to the fee	ogoing DELEASE C	TATENAENIT.	and MAINED OF	I IADII ITV		
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Signature: Printed Name:									Date:				

## SNHWDC

\*You must present <u>originals</u> of all documents to the Trial Secretary at check-in. \*All dogs must be healthy and current on all legally required vaccinations.

\*Incomplete, unsigned, or entries without proper documentation will not be accepted.

\* Entries that are not received on or before the event deadline date will not be accepted.