

CAPITAL AREA SCHUTZHUND CLUB
USA Sanctioned Event – Friday to Sunday, July 19-21
USA Judge Deb Krsnich

Entry Fees: **\$70** – AD, BH-VT, UPr 1-3 (OB) **\$100** – Gpr (SchHA – OB,P), IGP (IPO) 1-3
All entries MUST be received by July 13, 2024

Name Owner/Agent(circle one) _____

Address _____ City _____ St _____ Zip _____

Telephone () _____ Email _____

Schutzhund USA membership# _____

Dog's Registered Name _____

Breed _____ Sex _____ DOB _____

Registration No/Type (AKC, UKC, SV, CKC, other) _____

Tattoo No _____ Microchip No _____

USA Scorebook No _____ Issuing Organization _____

Dog's Titles _____ Dog's Call Name _____

HOT (handler owned & trained?) _____

Please indicate your **desired entry** title below.

BH VT _____ (First time BH for handler? Yes ___ No ___) If previous BH, where and when _____

UPr 1 ___ 2 ___ 3 ___ Gpr (SchHA) 1 ___ 2 ___ 3 ___ IGP (IPO) 1 ___ 2 ___ 3 ___ AD _____

Mail your completed application & payment to: **Amy Morris-Hall, 1133 W. Fitchburg Rd., Leslie, MI 49251**

Please include your entry fee as a check payable to **Capital Area Schutzhund Club**

For information: Amy Morris-Hall (517) 795-6122 or e-mail amy@amylmorris.com.

Release:

I certify that I am the actual owner of this dog, or that I am the duly authorized agent of the actual owner whose name I have entered below. In consideration of the acceptance of my entry, I agree to abide by the rules and regulations of both this club and Schutzhund USA. I further agree that the Capital Area Schutzhund Club has the right to refuse my entry for cause that the club shall deem sufficient. In consideration of my entry, I agree to hold the Capital Area Schutzhund Club and United Schutzhund Clubs of America as well as members, directors, officers, agents, and any employees of either organization to be harmless from any claim for loss or injury which may have been caused directly or indirectly to any person or thing by the act of this dog while upon or in the vicinity of the trial premises or grounds, or for any injury or damage to this dog whether they be by disappearance, theft or accident, regardless of the cause of said loss. The undersigned also agrees to hold Gustavo Sanchez of Lansing, Michigan and his wife or agents harmless from any claim resulting from my use of the trial grounds that he is providing. I further agree to personally and solely assume all responsibility and liability resulting from participation in this trial and any claim for loss or damage that results from my participation in or observance of this trial. My entry is submitted for acceptance on the foregoing representation and agreement.

Name of Owner (print) _____ Date _____

Signature of Owner/Agent _____

NOTE: For those that have not titled a dog and are doing a BH for the first time, you will be required to take a written exam on the day of the trial. For those who have done a BH before, proof is required.

CAPITAL AREA SCHUTZHUND CLUB TRIAL DIRECTIONS

From the **NORTH**:

I-69 South to exit 61 (I-69 Business/Lansing Rd.) toward Charlotte

Turn right at I-69 Business/Lansing St.

Continue on W. Lawrence Ave./MI-79 (approximately 7 miles)

Turn left at S. Lacey Lake Rd.

783 Lacey Lake Rd., Charlotte, Michigan 48813

From the **SOUTH**:

I-94 to I-69 North toward Lansing to exit 61 (I-69 Business/Lansing Rd.) toward Charlotte

Turn left at I-69 Business/Lansing St.

Continue on W. Lawrence Ave./MI-79 (approximately 7 miles)

Turn left at S. Lacey Lake Rd.

783 Lacey Lake Rd., Charlotte, Michigan 48813