

HANDLER \_\_\_\_\_ DOG \_\_\_\_\_

ASHEVILLE WORKING DOG CLUB FALL TRIAL  
11/22-23/2024

JUDGE STANLEY CRADDOCK  
HELPER COLT DICKSON  
TRACK LAYER RICK YOUNG

TRIAL SECRETARY MARY LEONIDAS  
(828) 712-9310  
maryleonidas@me.com

BH \$100 IGP1 \$130 IGP2 \$130 IGP3 \$130 RH\$130 UPr1-3 \$100 FPr1-3 \$100 GPr1-13\$100  
STP1-3 \$100 FH \$150

DOG'S REGISTERED NAME: \_\_\_\_\_

BREED: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX: \_\_\_\_\_

OWNER \_\_\_\_\_ HOT: Y / N

TATOO/MICROCHIP #: \_\_\_\_\_

REGISTRATION ORGANIZATION: \_\_\_\_\_ / # \_\_\_\_\_

SCOREBOOK ORGANIZATION: \_\_\_\_\_ / # \_\_\_\_\_

ORGANIZATIONAL MEMBERSHIP: \_\_\_\_\_ / # \_\_\_\_\_

AFFILIATED TRAINING CLUB: \_\_\_\_\_

WHERE WAS BH OBTAINED: \_\_\_\_\_ DATE: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

I Agree to release, indemnify and hold harmless the United Schutzhund Clubs of America, The Asheville Working Dog Club, The WNC Working Dog Training Center, any members, officers of the above mentioned organizations, the Town of Weaverville and any volunteers of the event from any and all liability of any nature, from any losses or damages and/or injury to myself, my dog or my personal property which may have allegedly been caused during trial/event/practice hours. Furthermore, I agree to repair or pay for the repair of any damages which may occur to trial property or surrounding areas due to my own or my dog's actions. I verify the dog entered is healthy and up to date on all required vaccinations and will provide documentation when asked. I understand that I am responsible for the care, behavior and well being of my dog during trial and practice.

Owner/Handler: \_\_\_\_\_ Date: \_\_\_\_\_

signature