

## **OG LANDSHARK SCHUTZHUND**

## 6625 Churchman Ave., Indianapolis, IN 46237

(317) 965-9742

## **DECEMBER 14, 2024 TRIAL REGISTRATION OFFICIAL ENTRY FORM**

Please check all appropriate entries:

| Breed  | Sex [  | Date of Birth   |  |
|--|--|---|--|
| Registration number  | Tattoo number  |   |  |
| Scorebook number   | Current titles   |   |  |
| Please inclu   | ide a copy of your dog's vaccinat  | ion record.   |  |
| HANDLER INFO Name  |  |   |  |
| Address  |  |   |  |
| City   | State  | _Zip  |  |
| Phone number (cell)  | (home) (E  | mail)   |  |
| Handler's Organization   | Membership #   | Exp. Date   |  |
| Organization where <u>handler</u> red  | ceived BH  | Date  | _  |
| OWNE   | R INFO (IF DIFFERENT FROM HAN  | NDLER)  |  |
| Name   |  |   | _  |
| Address  |  |   |  |
| City   | State  | Zip   |  |
| Handler's Organization   | Membership #   | Exp. Date   | _  |
| stand that it is my responsibility at this events of my dog(s) while on the trial grounds thark, property owners, members, officers or indirectly to any person, animal, or posteby assume all responsibility and liability Schutzhund Clubs of America, OG Land | s. I further agree to hold harmless<br>s, directors, and spectators for ar<br>ssession by any act of my dog(s) or<br>or for any such claims and agree to | s the United Schutzhund Clubs<br>ny loss or injury which may be<br>or to my dog(s) while on the p<br>o hold harmless and relinquish | of Americallegedly remises of all claims |

Please email your completed entry form by December 7, 2024 to <a href="mailto:sportwaffenk9@gmail.com">sportwaffenk9@gmail.com</a>. Late entries assessed a \$25 fee. All entries are non-refundable.