MID-OHIO SCHUTZHUND

Please check all appropriate entries:			
BH(\$60) IGP1,2,3(\$75) (O	B) FPr 1,2,3	_(\$60) (TR) UPr 1,2,	3(\$75)
AD(\$40) APr 1,2,3(\$75) A	WD 1,2,3	(\$75) FH 1,2((\$75)
Non-USCA me	embers must pay	an additional \$50	
Dog Info			
Registered name of your Dog			
Breed			
Registration number		Tattoo number	
Scorebook number	(Current titles	
Please include a copy of your dog's vac	ccination record	<i>l</i> .	
Handler Info			
Name			
Address			
City			
Phone number (work)	(home)	(ema	ail)
Handler's Organization	Members	ship #	Exp. Date
Organization where <i>handler</i> received BH		D	ate
Owner Info (If different from Ha	NDLER)		
Name			
City		z .p	
NameAddress			

I understand that it is my responsibility at this event to keep my dog(s) under control at all times. I agree to be fully responsible for the actions of my dog(s) while on the trial grounds. I further agree to hold harmless the United Schutzhund Clubs of America, Mid-Ohio Schutzhund, property owners, members, officers, directors, and spectators for any loss or injury which may be allegedly caused directly or indirectly to any person, animal, or possession by any act of my dog(s) or to my dog(s) while on the premises of this trial site.

I hereby assume all responsibility and liability for any such claims and agree to hold harmless and relinquish all claims to Mid-Ohio Schutzhund, property owners, United Schutzhund Clubs of America, members, and spectators.

SIGNATURE OF OWNER/HANDLER/AGENT:

Please mail your completed entry with a check made payable to MID-OHIO SCHUTZHUND:

Mid-Ohio Schutzhund • 25170 Neel Road • Richwood OH • 43344

THANK YOU FOR YOUR PARTICIPATION AND SUPPORT!