

Endeavor Working Dog Club

November 6, 2021

IMPORTANT – Entries close October 23, 2021 (There will be a \$20.00 late fee after this date)
Entries may be limited due to tracking availability.

UScA Judge Arthur Collins
Decoy: Christian Gomez

Titles Offered: BH, IGP-V, IGP 1-3, GPR 1-3, STP 1-3, TR 1-3, OB 1-3

Trial location:
Overlook Sports Complex,
580 Overlook Rd, White Rock, NM 87547

Tracking expected to be on grass sports fields

Please make checks payable to:
Endeavor Working Dog Club (EWDC)

Send all entry forms and fees to:
Susan Ramsay
3 Jemez Ln, Los Alamos, NM 87547

Contact: Susan Ramsay at 505.660.6677

E-mail: davsusramsay@gmail.com

www.endeavorwdc.org

Endeavor Working Dog Club

USCA JUDGE Arthur Collins Endeavor Working Dog Club, Los Alamos, NM

TRIAL DATE: November 6, 2021

JUDGE: Arthur Collins

ENTRY FEES:

BH \$65.00

TR, OB, STP \$65.00

IPG and all other titles \$75.00

Non USCA members will be charged and additional \$50.00 per entry

LATE FEE: \$20.00 (late entries accepted if there is space)

Mail Entries To:

Susan Ramsay

3 Jemez Lane

Los Alamos, NM 87547

davsusramsay@gmail.com

TIME SCHEDULE:

Tracking: 6:30 AM

BH---OBEDIENCE---PROTECTION:

To follow tracking at club field

PLEASE PRINT CLEARLY :

REGISTERED NAME OF DOG: _____

CALL NAME. _____ CURRENT TITLE _____ H.O.T. (CIRCLE): Y / N

TATTOO # _____ . or CHIP# _____

REGISTRATION # _____ ORG REGISTERED WITH: _____

USCA MEMBERSHIP # _____ EXP DATE _____ USCA SCORE BOOK # _____

BREED: _____ DATE OF BIRTH: _____ SEX: _____

DATE BH ACQUIRED _____ PLACE BH ACQUIRED _____

ENTERING:

BH _____ IPG 1 _____ IPG 2 _____ IPG 3 _____ IPG-V _____

GPR 1 _____ GPR 2 _____ GPR 3 _____ STP 1 _____ STP 2 _____ STP 3 _____

TR 1 _____ TR 2 _____ TR 3 _____ OB 1 _____ OB 2 _____ OB 3 _____

I need to take the written test (CIRCLE): YES / NO

NAME OF USCA CLUB YOU ARE A MEMBER OF: _____

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NAME OF HANDLER: _____ **PHONE:** _____

COMPLETE ADDRESS: (CITY, STATE, ZIP) _____

E-MAIL: _____

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(Fill out only if Owner is different than Handler)

NAME OF OWNER: _____ **PHONE:** _____

COMPLETE ADDRESS: (CITY, STATE, ZIP) _____

E-MAIL: _____

OWNER'S USCA MEMBERSHIP # _____ EXP DATE _____

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****MAKE ALL CHECKS PAYABLE TO Endeavor Working Dog Club (EWDC)****