

ORGAN MOUNTAIN SCHUTZHUND CLUB NOVEMBER TRIAL

Sunday, April 3rd 2022

ORGAN MOUNTAIN SCHUTZHUND CLUB

ENTRY FORM

Name of Handler (HR): _____

Name of Dog: _____

Breed: _____ M/F: _____ DOB: _____

Current Titles: _____

Scorebook Number: _____ Reg. Number: _____

Tattoo/Microchip Number: _____

Handler USCA Number: _____ Exp. Date: _____

Address: _____, City: _____ State, _____, Zip, _____

Phone Number: _____ Dog Owner if different: _____

Please Circle Title(s) Entered for:

BH-VT	IGP	GPR (TR)	FPR	UPR (OB)	IFH	FH - V	IGP FH	STP	AD
	1		1	1	1			1	
	2		2	2	2			2	
	3		3	3				3	
	V								

BH-VT, FPR (TR), UPR (OB), 1-2-3, IGP V, FH-V, IFH 1-2 and IGP FH, STP 1-2-3, AD

Entry fee: \$65 + \$45 for each additional title Number of Titles Entered: _____

Total Collected: _____

Non USCA members add \$50

I have read and signed the release form. Yes / No Please Initial Here: _____

Additional Contacts

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