MID-OHIO SCHUTZHUND

Please check all appropriate entries:

BH _____($60) IPO1,2,3 _____($75) (OB) FPr 1,2,3 ____($60) (TR) UPr 1,2,3 _____($75)

AD _____($40) APr 1,2,3 _____($75) AWD 1,2,3 _____($75) FH 1,2 _____ ($75)

Non-USCA members must pay an additional $100

DOG INFO

Registered name of your Dog _____

Breed _____ Sex _____ Date of Birth _____

Registration number _____ Tattoo number _____

Scorebook number _____ Current titles _____

Please include a copy of your dog's vaccination record.

HANDLER INFO

Name _____

Address _____

City _____ State _____ Zip _____

Phone number (work) _____ (home) _____ (email) _____

Handler's Organization _____ Membership # _____ Exp. Date _____

Organization where *handler* received BH _____ Date _____

OWNER INFO (IF DIFFERENT FROM HANDLER)

Name _____

Address _____

City _____ State _____ Zip _____

Handler's Organization _____ Membership # _____ Exp. Date _____

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!