## **Northeast Ohio Working Dog Trial Registration**

## Official Entry Form

Trial Date:	

Location: Diamond, OH

Signature:

Northeast Ohio Working Dog Association 2807 County Line Rd. Diamond, OH 44412-9735 Phone: (330) 654-3239

Phone: (330) 654-3239 Fax: (330) 654-3239

www.neohioworkingdog.com



Entry Information	Entry Fees
Handler Name:	Non USCA Members must add an additional \$25.00 to Entry Fee. A copy of USCA Membership Card must be inclued with entry.
Owner Name:	○ NON-USCA Member - \$25.00
Owner Name:	☐ IPO1/AWD1 \$65.00 ☐ IPO2/AWD2 \$65.00 ☐ IPO3/AWD3 \$65.00
Dog's Reg. Name:	○ APr1 \$50.00 ○ APr2 \$50.00 ○ APr3 \$50.00
Dog's Call Name:	UPr 1(OB1) \$50.00 UPr2 (OB2) \$50.00 UPr3 (OB3) \$50.00
	FPr1 (TR1) \$50.00
Date of Birth:	○ FH1 \$50.00 ○ FH2 \$50.00
	*BH \$60.00
Breed:	
Tatto/Microchip No:	Total Entry Fees \$
Registration No:	Make checks payable to: Northeast Ohio Working Dog Association and mail to address above.
Male/Female	*BH Entries must be 15 months or older, new handler must pass a written exam.
USA Membership No.  Exp. Date	No dog will be allowed to enter without USA Scorebook or without a SV or other scorebook stamped by the USA office. Dogs must have a tattoo or microchip in place. Handlers must provide microchip reader.  It is understood that this event will be conducted in accordance with the current rules and regulations as administered by the USA. By signing this entry, I agree to abide by these rules,
Club where BH earned:  Date BH Earned:	regulations, and decisions. It is further understood that the Trial Chairperson/Secretary/Judge has the right to dismiss any dog or handler for violation of the rules, or unsportsmanlike conduct.  Entry fees will not be refunded. I am fully aware of the risks associated with an event of this type, including the risk of
	accidental injury from a dog. I am voluntarily assuming those risks, and agree to hold Northeast Ohio Working Dog Assoc., its
Address:	officers, members, directors, employees, and agents harmless
City:	from any claim for injuries I may sustain as a participant or guest at this event.
State:	at this event.
Zip:	
Email:	
I represent that I am over 18 years of age and	otherwise mentally, and legally competent to execute this form.