



SEQUOYAH GERMAN SHEPHERDS WORKING DOGS OF AMERICA TRIAL

(Part of a Three-Day Cluster Trial, November 2, 3 & 4, 2018)

Entries will be accepted until 9:00 am on trial day if space is available; however, there will be a \$20 convenience fee added for any entry form submitted after the closing date. Entries will be limited.

All dogs must be registered with WDA at least one week prior to the trial date. [Click here to register a dog.](#)

TRIAL DATE	November 2, 2018 Trial starts at 9:00 am	LOCATION OF CLUSTER TRIAL	Cove Springs Archery Park Cedar Cove Road Frankfort, KY 40601
FEE PER CLASS	\$75.00-Protection Titles Only	JUDGE	Dennis Trzcinski
ENTRY DEADLINE	October 26, 2018 (or when limit is reached)	DECOYS FOR CLUSTER TRIAL	Eric Stallworth, Donnie Cintron, Andy Whobrey, Jonathan Schnur, Aric Harris, Tyler Boyer, Adrian Harwood
MAIL ENTRY TO	<i>Sequoyah Animal Hospital</i> 222 Sequoyah Access Road Soddy Daisy, TN 37379 Attn: Shari Steven shari@sequoyahk9.com	CONTACT	Shari Steven shari@sequoyahk9.com 423-774-2611

DOG'S REGISTERED NAME: _____

DOG'S CALL NAME (if different): _____

DOG'S WDA REGISTRATION #: _____

BREED: _____ SEX Male Female

COAT COLOR: _____

DATE OF BIRTH: _____

CURRENT TITLE/DEGREE(S): _____

SIRE'S NAME: _____

DAM'S NAME: _____

OWNER'S NAME: _____

HANDLER'S NAME: _____

OWNER'S ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____ EMAIL: _____

TITLES ENTERED	Protection Sport Titles			Protection Titles			Police Dog Titles		
	PS1	PS2	PS3	P1	P2	P3	PD1	PD2	PD3

Dog is eligible for an honor title at this trial Yes No

RELEASE: I (we) the undersigned and all those who accompany me (us) hereby agree to waive and release Working Dogs of America, Sequoyah German Shepherds, its employees, officers, members, agents, all property owners of said event from any and all liability of any nature for loss, injury or damage which I (we) or my dog(s) may cause or suffer, while in/on the event grounds or near any entrance thereto to myself or my dog(s) and all those that accompany me to this event.

OWNER/HANDLER SIGNATURE: _____ DATE: _____

