

SOUTH JERSEY WORKING DOGS WORKING DOGS OF AMERICA TRIAL



SOUTH JERSEY WORKING DOGS

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 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	August 24 & 25, 2019 <i>(one trial, two days)</i>	LOCATION	143 Main Street Port Republic, NJ 08241
FEE PER CLASS	\$65.00	JUDGE	Barry Vradenburgh
ENTRY DEADLINE	August 17, 2019 <i>(or when limit is reached)</i>	DECOYS	Eric Stallworth & Tyler Boyer
MAIL ENTRY FORM AND FEE TO:	Kevin Wessler 609 Chestnut Neck Rd Port Republic, NJ 08241 <i>Make checks payable to Kevin Wessler</i> <i>You can also pay via paypal: http://paypal.me/ KevinWessler</i>	CONTACT	Kevin Wessler 609-432-4337 southjerseybouvs@yahoo.com

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 _____

Check one per entry form:

<u>Obedience Titles</u>			<u>Protection Sport Titles</u>			<u>Protection Titles</u>		<u>Police Dog Titles</u>		
FO						PA	P1			
OB2	OB3	OB1	PS1	PS2	PS3	P2	P3	PD1	PD2	PD3
PSOB1	PSOB2	PSOB3								

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, South Jersey Working Dogs, 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: _____

