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WV WORKING K9 CLUB WORKING DOGS OF AMERICA TRIAL

	TRIAL DATE	June 9, 10 & 11, 2023	LOCATION		lowood Park	
the second	FEE PER CLASS	\$75.00			Pettigrew Ln ado, WV 2520	2
19 CLUD	ENTRY DEADLINE	May 30, 2023 (or when limit is reached)	JUDGE	Tom	Cawood	
Entries will be accepted until 9:00 am on trial day if space is available. An additional \$20 fee may be added for entries received after the closing date. Entries will be limited. Entry fees will only be refunded if trial has been cancelled.	MAIL ENTRY FORM AND FEE TO:	Kari Ross 346 Pumpkin Vine Rd Buffalo, WV 25033	DECOYS		Menger, Cale Seth Sutton	eb Edie
		Payment Options: Checks payable to WV Working K9 Club	CONTACT		Ross 541-3941 orkingK9Club@) 2gmail.com
		-			g	20
All dogs must be registered with WDA at least one week prior to the trial date. Click here to register a dog.		Venmo - @wvworkingk9club (please add Name/Dog in memo)				
DOG'S REGISTERED NAME:						
DOG'S CALL NAME (if different):						
DOG'S WDA REGISTRATION #:						
BREED:		SEX	Male	Fema	ale	
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:						
TITLES ENTERED Check one per entry						
Obedience Titles	Protection Sport Tit	les <u>Protection Titles</u> *	Police Dog 1	<u>itles</u> *	Tracking Tit	les
FO OB1 OB2 OB3	PS1 PS2	PA P1	PD1	PD2	T1	T2
PSOB1 PSOB2 PSOB3	PS3	P2 P3	PD3			
Dog is eligible for an honor title at this	trial Yes	*Please indicate if dog one of these alternate	7 ° 0	nner Irm	Lower Body	

RELEASE: I (we) the undersigned and all those who accompany me (us) hereby agree to waive and release Working Dogs of America, WV Working K9 Club, 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: _____

Body

