

MICHIANA WORKING DOG ASSOCIATION

USA Sanctioned IGP Event Trial October 5th, 2019 USCA Judge Michael Caputo

Entry Fees: **\$60** - BH OB 1-3 TR 1-3
All entries MUST be received by September 29th, 2019

\$75 - APR 1-3 (Sch. A), IGP 1-3,

Name Owner/Agent(circle one)_____

Address _____ City _____ St _____ Zip _____

Telephone () _____ Email _____

USCA membership# _____

Dog's Registered Name _____

Breed _____ Sex _____ DOB _____

Registration No/Type (AKC, UKC, SV, CKC, other) _____

Tattoo No _____ Microchip No _____

USA Scorebook No _____ Issuing Organization _____

Dog's Titles _____

HOT (handler owned & trained?) _____

Please indicate your **desired entry** title below.

BH _____ (First time BH? Yes _____ No _____) If previous BH, where and when _____

OB 1 _____ 2 _____ 3 _____ TR 1 _____ 2 _____ 3 _____ GPR 1 _____ 2 _____ 3 _____

IGP 1 _____ 2 _____ 3 _____

Mail your completed application & payment to: **Jan Harkner-Abbs 8188 N 175 E Wawaka, IN 46794**

Please include your entry fee as a check payable to **Michiana Working Dog Association**

For information: Jan Harkner-Abbs, 260-318-2820 or sable@ligtel.com

Release:

I certify that I am the actual owner of this dog, or that I am the duly authorized agent of the actual owner whose name I have entered below. In consideration of the acceptance of my entry, I agree to abide by the rules and regulations of both this club and Schutzhund USA. I further agree that the MWDA Schutzhund Club has the right to refuse my entry for cause that the club shall deem sufficient. In consideration of my entry, I agree to hold the MWDA Schutzhund Club and United Schutzhund Clubs of America as well as members, directors, officers, agents, and any employees of either organization to be harmless from any claim for loss or injury which may have been caused directly or indirectly to any person or thing by the act of this dog while upon or in the vicinity of the trial premises or grounds, or for any injury or damage to this dog whether they be by disappearance, theft or accident, regardless of the cause of said loss. The undersigned also agrees to hold Jim or Jan Abbs and agents harmless from any claim resulting from my use of the trial grounds provided. I further agree to personally and solely assume all responsibility and liability resulting from participation in this trial and any claim for loss or damage that results from my participation in or observance of this trial. My entry is submitted for acceptance on the foregoing representation and agreement.

Name of Owner (print) _____ Date _____

Signature of Owner/Agent _____

NOTE: For those that have not titled a dog & are doing a BH for the first time, you will be required to take a written exam on the day of the trial. For those who have done a BH before, proof is required.

Hotels:

1. <https://www.expedia.com/Kendallville-Hotels-Best-Western-Kendallville-Inn.h2871.Hotel-Information?chkin=11/26/2015&chkout=11/29/2015&rfr=TG.LP.Hotel.1.1>
621 Professional Way, Kendallville, IN 46755 • (260) 347-5263
2. <https://www.expedia.com/Kendallville-Hotels-Holiday-Inn-Express-Kendallville.h327850.Hotel-Information?chkin=11/22/2015&chkout=11/25/2015&rfr=TG.LP.Hotel.1.2>
1917 Dowling St, Kendallville, IN 46755 • (260) 366-6400

Trial Field Location: 8188 N 175 E Wawaka, IN 46794.