

# Endeavor Working Dog Club

April 11, 2026

**IMPORTANT** – Entries close March 27, 2026 (There will be a \$30.00 late fee after this date)  
Entries may be limited due to tracking availability

**USCA Judge Jacob Pope**

**Decoy: Mario Garcia**

Titles Offered: BH-VT, IGP 1-3, GPr 1-3, FPr 1-3, UPr 1-3, StP 1-3

**Trial location:**

Overlook Sports Complex,  
580 Overlook Rd, White Rock, NM 87547

**Tracking TBD**

(expected to be on grass sports fields)

**Please make checks payable to:**

Endeavor Working Dog Club (EWDC)

**Send all entry forms and fees to:**

Susan Ramsay  
3 Jemez Ln, Los Alamos, NM 87547

**Contact: Susan Ramsay at 505.660.6677**

*E-mail:* [davsusramsay@gmail.com](mailto:davsusramsay@gmail.com)

**Registration form attached. Online registration available  
at <https://forms.gle/emqLpZBeoob3JpAo7>**

**[www.endeavorwdc.org](http://www.endeavorwdc.org)**

# Endeavor Working Dog Club

Los Alamos, NM

**TRIAL DATE:** April 11, 2026

**JUDGE:** Jacob Pope

**ENTRY FEES:**

BH \$80.00

UPr, FPr, STP \$75.00

IGP and all other titles \$100

Non USCA members will be charged and additional \$50.00 per entry per USCA requirements

**LATE FEE:** \$30.00 (late entries accepted if there is space)

**Mail entries & payment to:**

Susan Ramsay (davsusramsay@gmail.com)

3 Jemez Lane

Los Alamos, NM 87547

**Make payment to:**

EWDC

**PLEASE PRINT CLEARLY :**

REGISTERED NAME OF DOG: \_\_\_\_\_

CALL NAME \_\_\_\_\_ CURRENT TITLES \_\_\_\_\_ H.O.T. (CIRCLE): Y / N

TATTOO # \_\_\_\_\_ or CHIP# \_\_\_\_\_

REGISTRATION # \_\_\_\_\_ ORG REGISTERED WITH: \_\_\_\_\_

USCA MEMBERSHIP # \_\_\_\_\_ EXP DATE \_\_\_\_\_ USCA SCORE BOOK # \_\_\_\_\_

BREED: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_

DATE BH ACQUIRED \_\_\_\_\_ PLACE BH ACQUIRED \_\_\_\_\_

**ENTERING:**

BH-VT \_\_\_\_\_ IGP 1 \_\_\_\_\_ IGP 2 \_\_\_\_\_ IGP 3 \_\_\_\_\_

GPR 1 \_\_\_\_\_ GPR 2 \_\_\_\_\_ GPR 3 \_\_\_\_\_ STP 1 \_\_\_\_\_ STP 2 \_\_\_\_\_ STP 3 \_\_\_\_\_

FPr 1 \_\_\_\_\_ FPr 2 \_\_\_\_\_ FPr 3 \_\_\_\_\_ UPr 1 \_\_\_\_\_ UPr 2 \_\_\_\_\_ UPr 3 \_\_\_\_\_

I need to take the written test BH-VT (circle: YES / NO)

NAME OF USCA CLUB YOU ARE A MEMBER OF: \_\_\_\_\_

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**NAME OF HANDLER:** \_\_\_\_\_ PHONE: \_\_\_\_\_

COMPLETE ADDRESS: (CITY, STATE, ZIP) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

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(Fill out only if Owner is different than Handler)

**NAME OF OWNER:** \_\_\_\_\_ PHONE: \_\_\_\_\_

COMPLETE ADDRESS: (CITY, STATE, ZIP) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

OWNER'S USCA MEMBERSHIP # \_\_\_\_\_ EXP DATE \_\_\_\_\_

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All entries must present a copy of a current membership card for either USCA, and AWDF member club or a WUSV organization. Please include a copy of a current membership card with entry form

