HANDLER _____ DOG _____

ASHEVILLE WORKING DOG CLUB FALL TRIAL
11/28/25 - 11/30/25
JUDGE ROBIN AYLING
HELPER RYAN LEGGETT
TRACK LAYER MARY LEONIDAS

TRIAL CONTACT MARY LEONIDAS
(828) 712-9310
maryleonidas@me.com

BH $100 IGP1 $130 IGP2 $130 IGP3 $130 RH$130 UPr1-3 $100 FPr1-3 $100 GPr1-13$100
STP1-3 $100 FH,2,3 $150 USP1 $130 USP2 $130 USP3 $130 (circle one)

DOG'S REGISTERED NAME: _____

BREED: _____ DOB: _____ SEX: _____

OWNER _____ HOT: Y / N

TATOO/MICROCHIP #: _____

REGISTRATION ORGANIZATION: _____ / # _____

SCOREBOOK ORGANIZATION: _____ / # _____

ORGANIZATIONAL MEMBERSHIP: _____ / # _____

AFFILIATED TRAINING CLUB: _____

WHERE WAS BH OBTAINED: _____ DATE: _____

EMAIL ADDRESS _____PHONE NUMBER _____

ADDRESS _____

I Agree to release, indemnify and hold harmless the United Schutzhund Clubs of America, The Asheville Working Dog Club, The WNC Working Dog Training Center, any members, officers of the above mentioned organizations, the Town of Weaverville and any volunteers of the event from any and all liability of any nature, from any losses or damages and/or injury to myself, my dog or my personal property which may have allegedly been caused during trial/event/practice hours. Furthermore, I agree to repair or pay for the repair of any damages which may occur to trial property or surrounding areas due to my own or my dog's actions. I verify the dog entered is healthy and up to date on all required vaccinations and will provide documentation when asked. I understand that I am responsible for the care, behavior and well being of my dog during trial and practice.

Owner/Handler: _____ Date: _____
signature