

Kontrolled Chaos Working Dog Club

Summer 2020 USCA Trial

August 22nd and 23rd

ENTRY DEADLINE: August 17, 2020

USCA Judge: Deb Krsnich

TRIAL LOCATION: E11290 County Rd PF, Prairie du Sac, WI, 52578

Please check website for event info and last minute changes: www.kontrolledchaoswdc.com

CONTACT: kontrolledchaoswdc@gmail.com

Scorebooks & USCA Membership cards must be presented upon check-in. NO Refunds will be issued. Entries will be limited per Club's discretion as needed. If entry is not able to be accepted, entry fee will be returned. Entries will close when trial is full. You are not entered until entry & payment is received.

Entry Choice/Fee:

- | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> IGP 1 (\$75) | <input type="checkbox"/> Gpr 1 (\$60) | <input type="checkbox"/> Upr 1 (\$60) | <input type="checkbox"/> Fpr 1 (\$60) |
| <input type="checkbox"/> IGP 2 (\$75) | <input type="checkbox"/> Gpr 2 (\$60) | <input type="checkbox"/> Upr 2 (\$60) | <input type="checkbox"/> Fpr 2 (\$60) |
| <input type="checkbox"/> IGP 3 (\$75) | <input type="checkbox"/> Gpr 3 (\$60) | <input type="checkbox"/> Upr 3 (\$60) | <input type="checkbox"/> Fpr 3 (\$60) |

BH VT (\$60) ____ (Check if first time BH)

Non-USCA Members Fee: add \$50.00 to each entry selection

____ Entry Fee Total

Dog Information

Breed: _____ Reg: AKC SV Other _____ Reg #: _____

Registered Name of Dog _____

Current Titles: _____ Scorebook #: _____

Title Entering for: _____ Sex: Male Female

Tattoo or Microchip: # _____ Dog's Date of Birth: _____

Handler Owned & Trained (HOT): Yes No Breeder/Handler Owned & Trained (BHOT)? Yes No

Handler Information

Handler USCA Member #: _____ Or, Other Organization: _____ Membership #: _____

Name: _____ Email: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

Date & Organization where Handler passed BH written exam: ____/____/____

Owner Information

(if different from Handler info)

Name: _____ Email: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

OWNER USCA Member #: _____

Or, Other Organization: _____ Membership #: _____

By submitting this entry, It is understood that every dog at this event will at all times be in the care and control of the dog's handler. It is further understood that the undersigned agrees to be fully responsible for the action of his/her dogs while on the show grounds. I agree to hold the United Schutzhund Clubs of America, and Kontrolled Chaos Working Dog Club, as well as their membership and officers and directors and all property owners HARMLESS for loss or injury which may have allegedly been caused directly or indirectly to any person or things by any action of my dog(s) or to my dog(s) while on the show/trial premises. I hereby assume all responsibility and liability for such claims. I further relinquish all claims and agree to hold the United Schutzhund Clubs of America, Kontrolled Chaos Working Dog Club, as well as their membership, officers and directors, Trial Secretary and all property owners HARMLESS for loss or injury to myself or my dog(s) during participation in this event.

Participant Signature: _____ Date: _____

MAIL ENTRY & FEE(S) with payment to: Kimberli Ward at 7864 Clifton Rd, Sauk City, WI, 53583. Checks should be made payable to Kimberli Ward. ELECTRONIC SUBMISSION: Email filled PDF and send PayPal payment to kontrolledchaoswdc@gmail.com. Entry & fee(s) must be received by August 17th.