

**EL CAJON SCHUTZHUND CLUB, INC.**  
**TRIAL ENTRY FORM**  
**NOVEMBER 28 & 29<sup>th</sup>, 2009**  
**USA JUDGE ERNEST HINTZ**

PLEASE circle the type and level of your entry. TYPE: SchH/VPG, IPO, AWD, STP, TR, OB HOT yes / no

LEVEL: BH I II III TITLES EARNED \_\_\_\_\_ Entry Fee: OB/TR-\$35 BH-\$50 SchH/VPG-\$75

DATE AND ORGINIZATION WHERE HANDLER ACHIEVED BH \_\_\_\_\_

OWNER \_\_\_\_\_ Ph#( ) \_\_\_\_\_ E-mail \_\_\_\_\_ USA Mem.# \_\_\_\_\_

\_ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HANDLER \_\_\_\_\_ Ph#( ) \_\_\_\_\_ USA MEMBER# \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DOGS REG. NAME \_\_\_\_\_ Breed \_\_\_\_\_ SEX \_\_\_\_\_ SCOREBOOK# & TYPE \_\_\_\_\_

REGISTRATION NO. \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

TATTOO/MICROCHIP NO. \_\_\_\_\_ LOCATION \_\_\_\_\_  
(circle one; note if microchip you must insure a reader is available)

NAME OF SIRE (INCLUDE TITLES) \_\_\_\_\_

SIRE'S REGISTRATION NO. \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

NAME OF DAM (INCLUDE TITLES) \_\_\_\_\_

DAM'S REGISTRATION NO. \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

BREEDER \_\_\_\_\_

IT IS UNDERSTOOD THAT EVERY DOG AT THIS EVENT WILL AT ALL TIMES BE IN THE CARE AND CONTROL OF THE DOG,S OWNER/HANDLER. IT IS FURTHER UNDERSTOOD THAT THE UNDERSIGNED AGREES TO BE FULLY RESPONSIBLE FOR THE ACTIONS OF HIS/HER DOG(S) WHILE ON TRIAL GROUNDS. I AGREE TO HOLD HARMLESS THE EL CAJON SCHUTZHUND CLUB INC., UNITED SCHUTZHUND CLUB of AMERICA, AS WELL AS THEIR MEMBERS AND OFFICERS AND DIRECTORS AND ALL PROPERTY OWNERS FOR THE LOSS OR INJURY WHICH MAY HAVE ALLEGEDLY HAVE BEEN CAUSED DIRECTLY OR INDIRECTLY TO ANY PERSON OR THING BY ANY ACT OF NY DOG(S) WHILE ON TRIAL PREMISES . I HEARBY ASSUME ALL RESPONSIBILITY AND LIABILITY FOR SUCH CLAIMS. I FURTHER RELINQUISH ALL CLAIMS AND AGREE TO HOLD HARMLESS THE EL CAJON SCHUTZHUND CLUB INC., UNITED SCHUTZHUND CLUBS of AMERICA, THEIR MEMBERS, OFFICERS AND DIRECTORS AND ALL PROPERTY OWNERS FOR THE LOSS AND INJURY WHICH MAY HAVE ALLEGEDLY BEEN CAUSED DIRECTLY OR INDIRECTLY TO MYSELF OR MY DOG(S) DURING PARTICIPATION IN THIS EVENT.

SIGNED \_\_\_\_\_ Ph#( ) \_\_\_\_\_  
(Owner or Agent duly authorize to make this entry)

On this the \_\_\_\_\_ Day of \_\_\_\_\_ Year \_\_\_\_\_

**ENTRIES THAT ARE NOT SIGNED WILL NOT BE ACCEPTED**  
MAIL ENTRIES AND FEES TO:  
EL CAJON SCHUTZHUND CLUB INC.  
PO BOX 1442  
LEMON GROVE CA 91946  
(619) 659-2129

