

ENTRY FORM

Note: Please Print. This entry must be completed in full

**DELAWARE VALLEY WEIMARANER CLUB/GARDEN STATE WEIMARANER CLUB
WCA SHOOTING & RETRIEVING RATINGS TESTS
COLLIERS MILLS MANAGEMENT AREA
299 E. Colliers Mill Road, NEW EGYPT, NJ
October 1, 2022 (Saturday) and October 2, 2022 (Sunday)**

Entries close Monday, September 26, 2022, at 5:00 pm EST

I SUBMIT \$ _____ FOR ENTRY FEES (*DVWC.org, 2022 Rating via Paypal*)

Enter Tests (CHECK): NSD SD SDX NRD RD RDX **(Saturday 10/1/22)**

Enter Tests (CHECK): NSD SD SDX NRD RD RDX **(Sunday 10/2/22)**

| | | | |
|--|--|---|----------------------|
| Name of Dog (Print) | | Call Name | |
| A.K.C. Reg. Number | | OR AKC Litter Number: (if Dog is not Reg.) | |
| OR Foreign Reg. Number | | Country of Registry | |
| Breed WEIMARANER | | Sex | Date of Birth |
| Sire | | | |
| Dam | | | |
| Breeder | | | |
| Name of Actual Owner(s) (print) | | | |
| Owner's Address Street | | | |
| City | | State | Zip Code |
| Name of Handler (Print) | | | |

Note: WCA requires that all owners and co-owners be WCA members in order to obtain ratings. By signing below, you certify that all owners/co-owners are WCA members. Ratings are not official until confirmed by WCA.

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 above. In consideration of the acceptance of this entry, I agree to abide by all the rules of the Weimaraner Club of America and the Standard Procedures governing this Ratings Test and any decisions made in accord with them, and I further agree that the dog is entered in and will be at this Test at my own risk and that I will hold the trial-giving club, its members and agents, free from liability for any claims arising out of the entry of the dog or its presence at the trial.

***Signature of Owner or Agent duly authorized to make this entry**

Address of Agent (If Anyone Signs Above Line for Owner)

Address _____

City _____ State _____ Zip _____

Email Address (required): _____

Phone Number: _____

*This digital signature is in lieu of an original signature and has the same force and effect as an original signature.