

**ENTRY FORM**

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

**DELAWARE VALLEY WEIMARANER CLUB  
WCA SHOOTING & RETRIEVING RATINGS TESTS  
COLLIERS MILLS MANAGEMENT AREA  
299 E. Colliers Mill Road, NEW EGYPT, NJ  
October 5, 2024 (Saturday)**

**Entries close Monday, September 30, 2024, at 5:00 pm EST**

I SUBMIT \$\_\_\_\_\_ FOR ENTRY FEES (**DVWC.org, 2024 Rating via Paypal**)

Enter Tests (CIRCLE):      NSD (\$55)              SD (\$60)              SDX (\$60)  
   NRD (\$55)              RD (\$65)              RDX (\$70)

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

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** \_\_\_\_\_

Check box for your signature  
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.