

**FAYETTEVILLE SCHUTZHUND CLUB  
ENTRY FORM**

Please check appropriate entry:

\_\_\_ SchH1    \_\_\_ SchH2    \_\_\_ SchH3    \_\_\_ OB 1    \_\_\_ OB 2    \_\_\_ OB 3  
\_\_\_ TR 1    \_\_\_ TR 2    \_\_\_ TR 3    \_\_\_ FH    \_\_\_ AD    \_\_\_ BH

All Schutzhund titles are **\$50.00**. All other titles are **\$45.00**.

A USA or Foreign scorebook certified by USA is required for entry along with the membership card.

Handler USA Membership Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Is this your first trial/title?     YES     NO  
*(If yes, you must take the USA Written Exam)*

Owner USA Membership Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Make check payable to    **Fayetteville Schutzhund Club**  
Mail entries to:            **Arthur Collins**  
   6319 Bend of River Road  
   Dunn, NC 28334  
   (910) 980-9973

***(Please Print)***

Dog's Registered Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Registry: \_\_\_\_\_ Registration #: \_\_\_\_\_ Tattoo: \_\_\_\_\_

Handler: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner(s): \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please read the following statement carefully: It is hereby understood that every dog at this trial will be under the direct care and control of its handler. The undersigned agrees to be fully responsible for any and all actions of their dog, including dogs owned by another but in the care of the undersigned's, and to hold harmless all members, officers and directors of the Fayetteville Schutzhund Club, and any property owners associated with this event in case of accident or injury. I hereby assume all responsibilities and liabilities for my dogs and myself and agree to abide by all USA guidelines and rules.

Signature of Owner/Handler \_\_\_\_\_ Date \_\_\_\_\_