

Ouray Working Dog Club

Aug 12, 2018

IMPORTANT - Entries close Aug 4, 2018
(There will be a \$20.00 late fee after this date)
Entries may be limited due to tracking availability.

UScA Judge Heidi Theis **Decoy: Oscar Mora**

**Titles Offered: IPO 1-3, AWD 1-3, IPO-VO, BH, OB 1-3,
STP 1-3, Utility Dog Apr 1-3**

Trial location:

**Ouray Working Dog Club Club
7800 County Road 146
Salida, CO 81201**

Tracking will be on grass/alfalfa mix hayfield

*Please make checks payable to:
Ouray Working Dog Club (OWDC)*

*Send all entry forms and fees to:
Marsha Boggs*

7800 County Road 146 Salida, CO 81201

Contact: Marsha Boggs at 505.490.1485

E-mail: mboggsk9@gmail.com

Ouray Working Dog Club

UScA JUDGE Heidi Theis
Ouray Working Dog Club
Salida, Colorado

TRIAL DATE: August 12, 2018
ENTRIES CLOSE: August 4, 2018

JUDGE: Heidi Theis
LATE FEE: \$20.00 (late entries accepted if there is space)

ENTRY FEES:

BH \$65.00
OB, TR, Apr, STP \$65.00
IPO and AWD titles \$75.00 (non UScA members will be charged and additional \$30.00 per entry)

TIME SCHEDULE:

SUNDAY- August 12, 2018
TRACKING: 7:00 AM

Mail Entries To:

Marsha Boggs
7800 County Road 146
Salida, CO 81201
505-490-1485
mboggsk9@gmail.com

BH---OBEDIENCE---PROTECTION

To follow tracking at club field

PLEASE PRINT CLEARLY :

REGISTERED NAME OF DOG: _____
CALL NAME _____ CURRENT TITLE _____ H.O.T. (CIRCLE) Y N
TATTOO _____ or CHIP _____
REGISTRATION # _____ ORG REGISTERED WITH: _____
USA MEMBERSHIP # _____ EXP DATE _____
USA SCORE BOOK # _____ BREED: _____
DATE OF BIRTH: _____ SEX: _____
DATE BH ACQUIRED _____ PLACE BH ACQUIRED _____

ENTERING:

IPO I _____ IPO II _____ IPO III _____ BH _____
OB I _____ OB II _____ OB III _____ TR I _____ TR II _____ TR III _____
STP I _____ STP II _____ STP III _____ Apr 1 _____ APR II _____ Apr III _____

I need to take the written test (CIRCLE) YES NO

NAME OF USA CLUB YOU ARE A MEMBER OF: _____

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NAME OF **HANDLER**: _____ PHONE: _____
COMPLETE ADDRESS: _____
(CITY, STATE, ZIP) _____
E-MAIL: _____

(Fill out only if Owner is different than Handler)

NAME OF **OWNER**: _____ PHONE: _____
COMPLETE ADDRESS: _____
(CITY, STATE, ZIP) _____
E-MAIL: _____
OWNER'S USA MEMEBERSHIP# _____ EXP DATE _____

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****MAKE ALL CHECKS PAYABLE TO Ouray Working Dog Club****