



UKC Nosework Trial Entry Form

ECHO CLUB, BUCHANAN MI

MARCH 29, 30

FOR CLUB USE ONLY

Armband _____

Dog's UKC permanent reg. UKC TL UKC (PL/LP) # _____ Breed _____ Sex: _____ Date of Birth ____ / ____ / ____

Dog's Reg Name: _____ Call Name: _____

Master/Elite Final Response: _____

Dog owner's name(s): _____

Address: _____ City: _____ State: _____ Postal Code: _____

Telephone: (____) ____ - ____ Email: _____

Date	Section	Container	Exterior	Interior	Vehicle	Handler Disc.
Trial 1 [] Trial 2 [] ____ / ____ / ____	A ____ B ____	<input type="checkbox"/> Novice <input type="checkbox"/> Advanced <input type="checkbox"/> Superior <input type="checkbox"/> Master <input type="checkbox"/> Elite	<input type="checkbox"/> Novice <input type="checkbox"/> Advanced <input type="checkbox"/> Superior <input type="checkbox"/> Master <input type="checkbox"/> Elite	<input type="checkbox"/> Novice <input type="checkbox"/> Advanced <input type="checkbox"/> Superior <input type="checkbox"/> Master <input type="checkbox"/> Elite	<input type="checkbox"/> Novice <input type="checkbox"/> Advanced <input type="checkbox"/> Superior <input type="checkbox"/> Master <input type="checkbox"/> Elite	<input type="checkbox"/> Novice <input type="checkbox"/> Advanced <input type="checkbox"/> Excellent <input type="checkbox"/> Master
Trial 1 [] Trial 2 [] ____ / ____ / ____	A ____ B ____	<input type="checkbox"/> Novice <input type="checkbox"/> Advanced <input type="checkbox"/> Superior <input type="checkbox"/> Master <input type="checkbox"/> Elite	<input type="checkbox"/> Novice <input type="checkbox"/> Advanced <input type="checkbox"/> Superior <input type="checkbox"/> Master <input type="checkbox"/> Elite	<input type="checkbox"/> Novice <input type="checkbox"/> Advanced <input type="checkbox"/> Superior <input type="checkbox"/> Master <input type="checkbox"/> Elite	<input type="checkbox"/> Novice <input type="checkbox"/> Advanced <input type="checkbox"/> Superior <input type="checkbox"/> Master <input type="checkbox"/> Elite	<input type="checkbox"/> Novice <input type="checkbox"/> Advanced <input type="checkbox"/> Excellent <input type="checkbox"/> Master
Trial 1 [] Trial 2 [] ____ / ____ / ____	A ____ B ____	<input type="checkbox"/> Novice <input type="checkbox"/> Advanced <input type="checkbox"/> Superior <input type="checkbox"/> Master <input type="checkbox"/> Elite	<input type="checkbox"/> Novice <input type="checkbox"/> Advanced <input type="checkbox"/> Superior <input type="checkbox"/> Master <input type="checkbox"/> Elite	<input type="checkbox"/> Novice <input type="checkbox"/> Advanced <input type="checkbox"/> Superior <input type="checkbox"/> Master <input type="checkbox"/> Elite	<input type="checkbox"/> Novice <input type="checkbox"/> Advanced <input type="checkbox"/> Superior <input type="checkbox"/> Master <input type="checkbox"/> Elite	<input type="checkbox"/> Novice <input type="checkbox"/> Advanced <input type="checkbox"/> Excellent <input type="checkbox"/> Master
Trial 1 [] Trial 2 [] ____ / ____ / ____	A ____ B ____	<input type="checkbox"/> Novice <input type="checkbox"/> Advanced <input type="checkbox"/> Superior <input type="checkbox"/> Master <input type="checkbox"/> Elite	<input type="checkbox"/> Novice <input type="checkbox"/> Advanced <input type="checkbox"/> Superior <input type="checkbox"/> Master <input type="checkbox"/> Elite	<input type="checkbox"/> Novice <input type="checkbox"/> Advanced <input type="checkbox"/> Superior <input type="checkbox"/> Master <input type="checkbox"/> Elite	<input type="checkbox"/> Novice <input type="checkbox"/> Advanced <input type="checkbox"/> Superior <input type="checkbox"/> Master <input type="checkbox"/> Elite	<input type="checkbox"/> Novice <input type="checkbox"/> Advanced <input type="checkbox"/> Excellent <input type="checkbox"/> Master
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Trial 1 [] Trial 2 [] ____ / ____ / ____	A ____ B ____	<input type="checkbox"/> Novice <input type="checkbox"/> Advanced <input type="checkbox"/> Superior <input type="checkbox"/> Master <input type="checkbox"/> Elite	<input type="checkbox"/> Novice <input type="checkbox"/> Advanced <input type="checkbox"/> Superior <input type="checkbox"/> Master <input type="checkbox"/> Elite	<input type="checkbox"/> Novice <input type="checkbox"/> Advanced <input type="checkbox"/> Superior <input type="checkbox"/> Master <input type="checkbox"/> Elite	<input type="checkbox"/> Novice <input type="checkbox"/> Advanced <input type="checkbox"/> Superior <input type="checkbox"/> Master <input type="checkbox"/> Elite	<input type="checkbox"/> Novice <input type="checkbox"/> Advanced <input type="checkbox"/> Excellent <input type="checkbox"/> Master
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WAIVER

All events are held under the Official Rules and Regulations of the United Kennel Club. Absolutely no alcoholic beverages, illegal drugs or firearms will be allowed on the grounds or in the buildings on the day of a UKC Licensed event. UKC, its agents and employees, and the host club assume no responsibility for any loss, damage, or injury sustained by spectators or by exhibitors and handlers, or to any of their dogs or property, and further assume no responsibility for injury to children not under the control of their parents or guardians. UKC and the host club are not responsible for loss, accidents or theft.

By signing this form, I hereby agree to waive any claim, action, or lawsuit, and further agree to indemnify and hold UKC, the host club, event volunteers, and any approved UKC Judge and/or certifying official harmless from any claims, actions or lawsuits resulting from my participation in this event, and any action, decision or judgment made by any UKC or host club representative or approved Judge/Certifying Official under the official UKC Rules and Regulations governing this event. I acknowledge that the current Official UKC Rules and Regulations for Nosework have been made available to me, and that I am familiar with their contents. My signature indicates that I understand and agree to the above and to abide by all of the current Official UKC Rules and Regulations.

I have read and agree to the waiver on this form. _____ / _____ / _____

Signature of Owner/Handler

Date

If owner is a minor/Signature of Parent or Guardian