

(Club Name) AWTA Den Trial

Date and Time

Note: Pre-entry must be postmarked by Date

Classes	Terrier's Full Name	Owner's Name	Sex	Age	Breed	Height	Entry Fee

Total Entry Fees \$ _____

Pre-entry per class \$XX.00/Post-entry per class \$XX.00

Make Checks payable to (Name) Den Trial

NO Telephone Entries!

Payment must be included with entries to receive pre-entry rates

WAIVER MUST BE SIGNED!!

I hereby enter the above at my own risk, and I hereby engage to be responsible for any injury or damages that may occur to, or be caused by, any animals, vehicles or trappings or the loss of any animal, vehicles or trappings owned or used or exhibited by me or by any other person authorized by me. I am responsible for the physical condition of any animal under my control or ownership and I release and hold harmless and will indemnify the (Name) AWTA Den Trial, (Club Name), the American Working Terrier Association, and any owners, officials, organizers, employees or agents of any of the above from any damages, expenses or liability incurred by or caused by me in connection with this event. I further warrant that any animal which I bring to this event or under my ownership or control is, or will be free from any communicable disease.

Signature: _____ Date: _____

Owner's Name: _____

Street: _____

Town: _____

Phone: _____ Email _____

Fill out and send to:
Name
Address
City, State, Zip

E-mail address
Phone number