

**The Western Classic May 11, 2024 Entry Form**

***Please include birthdates on nursery dogs***

**Please send to: Allen Miller 3933 E CR 63, Orlando OK 73073**

**Only hard mail entries will be accepted**

**it is the handler’s responsibility to confirm receipt of entry**

**Checks should be payable to: Allen Miller**

**Limit Two dogs per handler per class unless class does not fill**

HANDLER’S NAME: PHONE:

ADDRESS:

CITY: STATE: ZIP CODE: EMAIL:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DOG’S NAME | CLASS | BIRTHDATE (if nursery) | FEE/day | TOTAL |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |

Total Fee: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Classes & Fees**

|  |  |
| --- | --- |
| **Open**  | **$75 per run** |
| **Nursery** | **$75 per run** |
| **Intermediate** | **$75 per run** |
| **ProNovice** | **$75 per run** |
| **Novice** | **$75 per run** |

Waiver: I hereby agree that I am responsible for any and all cost incurred as a result of damages caused by me, my family, or my dog(s) to facilities, animals, or people, and in the event of personal injury or damage to my property or my animals; I will not hold liable the affiliated associations, trial organizers, trial host, sponsors, judges or any other volunteers.

SIGNATURE OF HANDLER Date