ARF 2010 Trial Registration Form

Organizing Club:

Date of Trial:

Place your label here

Full name of Dog:			
Breed:			
Workbook #:			
Full name of Handler:			
Address:			
City, State Zip:			
Telephone:		Email:	
Club:		Region:	

Please indicate the certifications / levels for which you are registering:

☐ CSAU ☐ Ring I ☐ Selectif

☐ Brevet ☐ Ring II

☐ Ring III

Please include with your registration form:

- 3 labels (1 stamped to the form, plus 2 others)
- Copy of rabies certificate
- For the CSAU: copy of birth certificate or pedigree (for registered dogs) or tattoo / microchip information for non-registered dogs
- For minors: parental authorization to compete
- A self-addressed stamped envelope or your email address so we can confirm your registration

I hereby declare that the information above is sincere and true. I hold harmless the organizing club from all responsibilities from accidents (wounds, bites, theft, illness, and various damages) to my dog or caused by my dog, or myself of my own fault.

Signature of Club President Handler Signature

Club Stamp Date