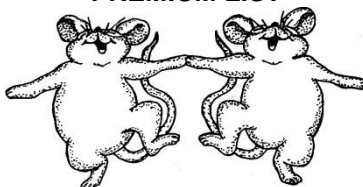


PREMIUM LIST



PUGET SOUND EARTHDOG CLUB

**NINETY-EIGHTH, NINETY-NINTH AND ONE-HUNDREDTH
EARTHDOG TESTS**

(AKC Licensed)

Events #2017525306, #2017525307, #2017525308

EMERALD MEADOWS FARM

6411 Aldrich Road, Bellingham, WA

Saturday and Sunday, October 28 & 29, 2017

These Earthdog Tests Are Held Under Rules and Procedures of the AMERICAN KENNEL CLUB

PRE ENTRIES CLOSE 6:00 PM PDT Friday 10/20/17

After which Pre-entries will not be changed or refunded, other than class move-ups.

<u>Pre-entries</u>	Regular classes	1st entry	\$20	2nd entry*	\$10	* Same dog, same test
	Intro to Quarry		\$10			

Make checks (US funds) payable to "PSEC"

Mail to: Melissa Knapp, Test Secretary, 8801 163rd Ave. NE Granite Falls, WA 98252

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**Day-of-Test Entries**

Regular classes: Entries close 30 minutes before the beginning of class

Intro to Quarry: Entries close 45 minutes before the beginning of class

|                                   |                        |           |      |            |      |                       |
|-----------------------------------|------------------------|-----------|------|------------|------|-----------------------|
| <b><u>Day-of-Test entries</u></b> | <b>Regular classes</b> | 1st entry | \$25 | 2nd entry* | \$15 | * Same dog, same test |
|                                   | <b>Intro to Quarry</b> |           | \$10 |            |      |                       |

**JUNIOR HANDLER ENTRIES:**

Any entry fee for a dog handled by a Junior (from 9-18 years old) will be discounted \$5.00 per entry.

**\*\*\* ENTRANTS, PLEASE CHECK IN WITH TEST SECRETARY PRIOR TO START OF EACH CLASS. \*\*\***

**ELIGIBLE BREEDS: Open to AKC registered or FSS recorded**

Dachshunds, Miniature Pinchers, Jagdterriers & Terrier Breeds: Australian, Bedlington, Border, Cairn, Cesky, Dandie Dinmont, Fox (Smooth, Wire), Glen of Imaal, Lakeland, Manchester, Miniature Bull, Miniature Schnauzer, Norfolk, Norwich, Parson Russell, Rat, Russell, Scottish, Sealyham, Silky, Skye, Welsh, West Highland White, Yorkshire.

**ELIGIBILITY**

**Dogs must be at least 6 months old.** Dogs registered with the AKC or recorded with the Foundation Stock Service (FSS) of eligible breeds and dogs that are spayed or neutered or have a Limited Registration, ILP or PAL number may participate.

**Only complete entry forms including Registration/ILP/PAL numbers will be accepted.**



AMERICAN  
KENNEL CLUB

**CERTIFICATION**

Permission has been granted by the American Kennel Club for holding this event under American Kennel Club Rules and Regulations. — James P. Crowley, Secretary.

**PUGET SOUND EARTHDOG CLUB  
2017 OFFICERS AND DIRECTORS**

President: Melissa Knapp  
Vice-President: Michele Luther      Treasurer: Joyce Whall  
Secretary: Betsy Fortman, 28232 NE 144<sup>th</sup> St., Duvall, WA 98019  
Directors: Jeff Dairiki, Jill Petersen

**CO-CHAIRS:**

Michele Luther  
5208 Macbeth Drive  
Anacortes, WA 98221  
360-317-4283  
darlufox@frontier.com

Susie Stone  
1202 Fumi Circle  
Kettle Falls, WA 99141  
sfstone4@outlook.com

**SECRETARY:**

Melissa Knapp  
8801 163rd Avenue NE  
Granite Falls, WA 98252-9260  
(425)-359-6730  
melissa.s.knapp@gmail.com

**TESTS COMMITTEE** Jeff Dairiki, Sandra Distefano, Melissa Knapp

~~~~~  
CLASSES OFFERED

Introduction to Quarry: 10 feet, one 90 degree turns.

*** REGULAR CLASSES:**

Junior Earthdog: 30 feet, three 90 degree turns. Open to all dogs.

Senior Earthdog: 30 feet, three 90 degree turns, with false den and exit, recall. Open to all dogs that have completed a JE, SE or ME title.

Master Earthdog: 30 feet, three 90 degree turns, with false entrance, den and exit, indication of entrance, honor another working dog.

Open to all dogs that have completed a SE or ME title.

~~~~~

**JUDGES**

|                       |                                          | Sat. Test #1       | Sat. Test #2       | Sun. Test          |
|-----------------------|------------------------------------------|--------------------|--------------------|--------------------|
| <b>Mike Dille</b>     | PO Box 160, Oak Harbor, WA 98277         | <b>SE &amp; ME</b> | <b>Intro</b>       | <b>JE</b>          |
| <b>Thomas Quarles</b> | 24491 S Larkin Rd., Bevercreek, OR 97004 | <b>Intro</b>       | <b>JE</b>          | <b>SE &amp; ME</b> |
| <b>Marie Quarles</b>  | 24491 S Larkin Rd., Bevercreek, OR 97004 | <b>JE</b>          | <b>SE &amp; ME</b> | <b>Intro</b>       |

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JUDGING SCHEDULE

	<u>AM Tests (Sat. and Sun.)</u>	<u>PM Test (Sat.)</u>
<u>MASTER EARTHDOG:</u>	9:00 am	2:00 pm
<u>SENIOR EARTHDOG:</u>	10:15 am (after ME)	3:15 pm (after ME)
<u>JUNIOR EARTHDOG:</u>	10:45 am (after Intro)	3:45 pm (after Intro)
<u>INTRO TO QUARRY:</u>	9:30 am	2:45 pm

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**AWARDS**

**Ribbons & Rosettes:** Qualifiers in the Intro Class will receive ribbons. Qualifiers in JE, SE and ME classes will receive rosettes. Dogs earning new JE, SE AND ME titles will receive PSEC logo zipper pulls. Dogs earning Q's towards a title will receive beads to add to their dog's string. Dogs qualifying in both Master & Senior (Double Q) in the same test will be presented with a special rosette. Dogs earning new Endurance Earthdog (EE) titles will receive a special rosette.

## NOTICE TO EXHIBITORS

- **Bitches in season are not eligible for entry.** Entry fees will be refunded.
- **All dogs are to be held on short leash** under control while on the test grounds.
- **NO FLEXI-LEADS ALLOWED WITHIN THE YARD, IN THE BUILDINGS OR IN AREAS TO/FROM THE TEST DENS.**
- For everyone's safety, **DOGS SHALL NOT BE LEFT UNATTENDED in exercise pens.**
- Spectators shall be allowed outside the test area if they are quiet and do not distract the dogs.
- No dogs shall be allowed in area immediately adjacent to test areas.
- Please remember that this is a private residence. All attendees must restrict their activity to designated areas and buildings.
- Confirmed entrants not present at the testing area when their number is called will be moved to the end of the class. Master Earth entrants will be declared absent if they do not show within 5 minutes of their brace being called
- Returned checks do not constitute a valid entry fee. The Test Secretary shall add a \$25.00 collection fee to the amount of each returned check.
- **Bring water, shade and shelter for you and your dogs. These tests will be run rain or shine.**

OVERNIGHT PARKING & CAMPING: by reservation only  
Contact Betsy Fortman to sign up. [Bfortman@frontier.com](mailto:Bfortman@frontier.com)

\*\*\*\* THERE ARE NO HOOK-UPS \*\*\*\*

### VOLUNTEERS EARN RAFFLE TICKETS!

There will be a raffle for a free entry in the next year of PSEC test weekends. Each volunteer activity will earn a ticket towards a free entry at any of the 2018 PSEC tests. The raffle is open to everyone and there are plenty of opportunities to help (e.g. den set up, gate steward, judge steward, secretary table, hospitality, raffle). There will be one (1) raffle draw for each test.

**There will be a potluck lunch each day.**

Please bring something to share! There is no electricity available to heat food. Bring your own cooler.

### RAT-O-RAMA RAFFLE:

A raffle of dog and rat related items will be held on Sunday during the noontime break. Donations VERY welcome!

Join us for dinner with the judges Saturday night at a local restaurant. Sign-ups will be taken Saturday morning.

### **PSEC Meeting Notice**

Saturday, October 28, 2017

General Meeting: During Lunch Break.

**Members AND Guests Are Welcome**

### PRE-TEST PRACTICE

**Come and HELP set up for the test on Friday  
afternoon at 3:00 pm and stay to practice in  
the test dens!**



## BARN HUNT

**!!!! Barn Hunt Academy will be holding Barn Hunt trials !!!!  
at this location Friday October 27 - Sunday October 29**

**Entries open September 18**

**For more information and to enter:**

**<http://www.barnhuntacademy.com/upcoming-events.html>**



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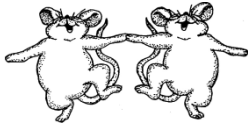
OFFICIAL AMERICAN KENNEL CLUB EARTHDOG TEST ENTRY FORM

**Puget Sound Earthdog Club**

Licensed Earthdog Tests

Events #2017525306, #2017525307, #2017525308

**Emerald Meadows Farm, Bellingham, WA**



☐ Sat AM, October 28 ☐ Intro ☐ JE ☐ SE ☐ ME  
☐ Sat PM, October 28 ☐ Intro ☐ JE ☐ SE ☐ ME  
☐ Sun AM, October 29 ☐ Intro ☐ JE ☐ SE ☐ ME

FEES (payable to PSEC): JE/SE/ME: \$20 Pre-Entry; \$25 (AFTER 10/20/17) Includes \$3.50 AKC Recording fee.

Second entry same dog, same test: Pre-Entry \$10; \$15 (after 10/20/17). INTRODUCTION TO QUARRY: \$10.00

Send all entries to **Melissa Knapp**, Test Secretary, 8801 163rd Ave. NE Granite Falls, WA 98252 PRE-ENTRIES DUE 10/20/17.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |                                      |                                                  |                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Enter in Test: <b>Please check appropriate test and class boxes listed above.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                                      |                                                  |                                                                                                                                                                   |
| <input type="checkbox"/> AKC No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> AKC Litter No. | <input type="checkbox"/> ILP/PAL No. | <input type="checkbox"/> Foreign & List Country: | I enclose entry fees in the amount of \$ <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px; vertical-align: middle;"></span> |
| Full Name of Dog:<br><small>AKC titles only.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |                                      |                                                  |                                                                                                                                                                   |
| Breed:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Reg. #:                                 | Call Name:                           | Sex:                                             | Date Of Birth:                                                                                                                                                    |
| Sire:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |                                      |                                                  |                                                                                                                                                                   |
| Dam:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |                                      |                                                  |                                                                                                                                                                   |
| Name of Breeder(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         |                                      |                                                  |                                                                                                                                                                   |
| Actual Owner(s): (Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         |                                      |                                                  |                                                                                                                                                                   |
| Owner's Address (Street):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         |                                      |                                                  |                                                                                                                                                                   |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         | State:                               | Zip:                                             |                                                                                                                                                                   |
| Name of Owner's Agent/Handler: (Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |                                      |                                                  |                                                                                                                                                                   |
| Agent/Handler's E-Mail:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         |                                      |                                                  |                                                                                                                                                                   |
| Junior Handler:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         | JH #:                                |                                                  |                                                                                                                                                                   |
| <p>AKC Rules, Regulations, Policies and Guidelines are available on the American Kennel Club website: <a href="http://www.akc.org">www.akc.org</a></p> <p style="text-align: center;"><b>AGREEMENT</b></p> <p>I certify that I am the actual owner of the dog, or that I am the duly authorized agent of the actual owner whose name I have entered above. In consideration of the acceptance of this entry, I (we) agree to abide by the rules and regulations of The American Kennel Club in effect at the time of this event, and any additional rules and regulations appearing in the premium list of this event and entry form and any decision made in accord with them. I (we) agree that the club holding this event has the right to refuse this entry for cause which the club shall deem sufficient. In consideration of the acceptance of this entry and of the holding of this event and of the opportunity to have the dog judged and to win prizes, ribbons, or trophies, I (we) agree to hold the AKC, the event-giving club, their members, directors, governors, officers, agents, superintendents or event secretary and the owner and/or lessor of the premises and any provider of services that are necessary to hold this event and any employees or volunteers of the aforementioned parties, and any AKC approved judge, judging at this event, harmless from any claim for loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of this dog while in or about the event premises or grounds or near any entrance thereto, and I (we) personally assume all responsibility and liability for any such claim; and I (we) further agree to hold the aforementioned parties harmless from any claim for loss, injury or damage to this dog. Additionally, I (we) hereby assume the sole responsibility for and agree to indemnify, defend and save the aforementioned parties harmless from any and all loss and expense (including legal fees) by reason of the liability imposed by law upon any of the aforementioned parties for damage because of bodily injuries, including death at any time resulting therefrom, sustained by any person or persons, including myself (ourselves), or on account of damage to property, arising out of or in consequence of my (our) participation in this event, however such, injuries, death or property damage may be caused, and whether or not the same may have been caused or may be alleged to have been caused by the negligence of the aforementioned parties or any of their employees, agents, or any other persons. I (WE) AGREE THAT ANY CAUSE OF ACTION, CONTROVERSY OR CLAIM ARISING OUT OF OR RELATED TO THE ENTRY, EXHIBITION OR ATTENDANCE AT THE EVENT BETWEEN THE AKC AND THE EVENT-GIVING CLUB (UNLESS OTHERWISE STATED IN ITS PREMIUM LIST) AND MYSELF (OURSELVES) OR AS TO THE CONSTRUCTION, INTERPRETATION AND EFFECT OF THIS AGREEMENT SHALL BE SETTLED BY ARBITRATION PURSUANT TO THE APPLICABLE RULES OF THE AMERICAN ARBITRATION ASSOCIATION. HOWEVER, PRIOR TO ARBITRATION ALL APPLICABLE AKC BYLAWS, RULES, REGULATIONS AND PROCEDURES MUST FIRST BE FOLLOWED AS SET FORTH IN THE AKC CHARTER AND BYLAWS, RULES, REGULATIONS, PUBLISHED POLICIES AND GUIDELINES.</p> |                                         |                                      |                                                  |                                                                                                                                                                   |
| Signature of owner or his Agent duly authorized to make this entry:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         |                                      |                                                  |                                                                                                                                                                   |
| Telephone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         | Email :                              |                                                  |                                                                                                                                                                   |



AMERICAN  
KENNEL CLUB®

OFFICIAL AMERICAN KENNEL CLUB EARTHDOG TEST ENTRY FORM

**Puget Sound Earthdog Club**

Licensed Earthdog Tests

Events #2017525306, #2017525307, #2017525308

**Emerald Meadows Farm, Bellingham, WA**



☐ Sat AM, October 28 ☐ Intro ☐ JE ☐ SE ☐ ME  
☐ Sat PM, October 28 ☐ Intro ☐ JE ☐ SE ☐ ME  
☐ Sun AM, October 29 ☐ Intro ☐ JE ☐ SE ☐ ME

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |                                      |                                                  |                                                                                                                                                                   |
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| Enter in Test: <b>Please check appropriate test and class boxes listed above.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                                      |                                                  |                                                                                                                                                                   |
| <input type="checkbox"/> AKC No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> AKC Litter No. | <input type="checkbox"/> ILP/PAL No. | <input type="checkbox"/> Foreign & List Country: | I enclose entry fees in the amount of \$ <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px; vertical-align: middle;"></span> |
| Full Name of Dog:<br><small>AKC titles only.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |                                      |                                                  |                                                                                                                                                                   |
| Breed:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Reg. #:                                 | Call Name:                           | Sex:                                             | Date Of Birth:                                                                                                                                                    |
| Sire:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |                                      |                                                  |                                                                                                                                                                   |
| Dam:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |                                      |                                                  |                                                                                                                                                                   |
| Name of Breeder(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         |                                      |                                                  |                                                                                                                                                                   |
| Actual Owner(s): (Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         |                                      |                                                  |                                                                                                                                                                   |
| Owner's Address (Street):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         |                                      |                                                  |                                                                                                                                                                   |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         | State:                               | Zip:                                             |                                                                                                                                                                   |
| Name of Owner's Agent/Handler: (Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |                                      |                                                  |                                                                                                                                                                   |
| Agent/Handler's E-Mail:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         |                                      |                                                  |                                                                                                                                                                   |
| Junior Handler:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         | JH #:                                |                                                  |                                                                                                                                                                   |
| <p>AKC Rules, Regulations, Policies and Guidelines are available on the American Kennel Club website: <a href="http://www.akc.org">www.akc.org</a></p> <p style="text-align: center;"><b>AGREEMENT</b></p> <p>I certify that I am the actual owner of the dog, or that I am the duly authorized agent of the actual owner whose name I have entered above. In consideration of the acceptance of this entry, I (we) agree to abide by the rules and regulations of The American Kennel Club in effect at the time of this event, and any additional rules and regulations appearing in the premium list of this event and entry form and any decision made in accord with them. I (we) agree that the club holding this event has the right to refuse this entry for cause which the club shall deem sufficient. In consideration of the acceptance of this entry and of the holding of this event and of the opportunity to have the dog judged and to win prizes, ribbons, or trophies, I (we) agree to hold the AKC, the event-giving club, their members, directors, governors, officers, agents, superintendents or event secretary and the owner and/or lessor of the premises and any provider of services that are necessary to hold this event and any employees or volunteers of the aforementioned parties, and any AKC approved judge, judging at this event, harmless from any claim for loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of this dog while in or about the event premises or grounds or near any entrance thereto, and I (we) personally assume all responsibility and liability for any such claim; and I (we) further agree to hold the aforementioned parties harmless from any claim for loss, injury or damage to this dog. Additionally, I (we) hereby assume the sole responsibility for and agree to indemnify, defend and save the aforementioned parties harmless from any and all loss and expense (including legal fees) by reason of the liability imposed by law upon any of the aforementioned parties for damage because of bodily injuries, including death at any time resulting therefrom, sustained by any person or persons, including myself (ourselves), or on account of damage to property, arising out of or in consequence of my (our) participation in this event, however such, injuries, death or property damage may be caused, and whether or not the same may have been caused or may be alleged to have been caused by the negligence of the aforementioned parties or any of their employees, agents, or any other persons. I (WE) AGREE THAT ANY CAUSE OF ACTION, CONTROVERSY OR CLAIM ARISING OUT OF OR RELATED TO THE ENTRY, EXHIBITION OR ATTENDANCE AT THE EVENT BETWEEN THE AKC AND THE EVENT-GIVING CLUB (UNLESS OTHERWISE STATED IN ITS PREMIUM LIST) AND MYSELF (OURSELVES) OR AS TO THE CONSTRUCTION, INTERPRETATION AND EFFECT OF THIS AGREEMENT SHALL BE SETTLED BY ARBITRATION PURSUANT TO THE APPLICABLE RULES OF THE AMERICAN ARBITRATION ASSOCIATION. HOWEVER, PRIOR TO ARBITRATION ALL APPLICABLE AKC BYLAWS, RULES, REGULATIONS AND PROCEDURES MUST FIRST BE FOLLOWED AS SET FORTH IN THE AKC CHARTER AND BYLAWS, RULES, REGULATIONS, PUBLISHED POLICIES AND GUIDELINES.</p> |                                         |                                      |                                                  |                                                                                                                                                                   |
| Signature of owner or his Agent duly authorized to make this entry:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         |                                      |                                                  |                                                                                                                                                                   |
| Telephone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         | Email :                              |                                                  |                                                                                                                                                                   |