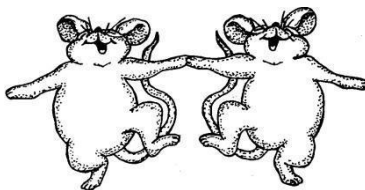


PREMIUM LIST
(Updated March 17, 2022)



PUGET SOUND EARTHDOG CLUB

**125th, 126th, and 127th
EARTHDOG TESTS**

(AKC Licensed)

Events [#2022525306](#), [#2022525307](#), [#2022525308](#)

Lake Family Residence
17926 Mary Lane SW, Rochester, WA 98579

Saturday and Sunday, May 21 & 22, 2022

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

Pre-Entries CLOSE 6:00 PM PDT Wednesday, May 18, 2022

Pre-Entries ⇒ Regular Class Fees: 1st entry \$23 – 2nd entry \$12 (*Same dog, same test*)
Junior Handlers: 1st Entry \$15 – 2nd entry \$10 (*Same dog, same test*)
Introduction to Quarry: \$12.50

Day of Test ⇒ Regular Class Fees: 1st entry \$30 – 2nd entry \$15 (*Same dog, same test*)
Introduction to Quarry: \$15.00

Make checks (US funds) payable to "PSEC"

Mail to: Sandra Distefano, Test Secretary, 1884 NE 170th St., Shoreline, WA 98155-6021

Day of Test Entries close 30 minutes prior to scheduled judging time.

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.

ELIGIBLE BREEDS: Open to AKC registered or FSS recorded

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

CERTIFICATION



Permission has been granted by the American Kennel Club for holding this event under American Kennel Club Rules and Regulations. — Gina M. Dinardo, Executive Secretary.

PUGET SOUND EARTHDOG CLUB
2022 OFFICERS AND DIRECTORS

President: Sil Sanders
 Vice-President: Michele Luther Treasurer: Janet Pool
 Secretary: Regina Delahunt — 3835 Howard Ave, Bellingham, WA 98225
 Directors: Jeff Dairiki, Curtis Lake

TEST CHAIR

Jeff Dairiki
 1884 NE 170th St
 Shoreline, WA 98155
dairiki@dairiki.org

TEST COMMITTEE

Jeff Dairiki, Chair
 Regina Delahunt
 Sil Sanders
 Janet Pool
 Joyce Peyton

TEST SECRETARY

Sandra Distefano
 1884 NE 170th St
 Shoreline, WA 98155-6021
distef@dairiki.org
 206-468-7988

~~~~~  
**CLASSES OFFERED**

**Introduction to Quarry:** 10 feet, one 90° turn.

**REGULAR CLASSES**

**Novice Earthdog:** 10 feet, one 90° turn. Open to all dogs who have not previously earned an Earthdog title.

**Junior Earthdog:** 30 feet, three 90° turns.

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

**Master Earthdog:** 30 feet, three 90° 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.

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JUDGES

() Judging assignments updated Mar 17, 2022*

	Saturday AM	Saturday PM	Sunday
Laurits Dixon 309 S Burdick Ave, Vancouver, WA 98661	SE, ME (*)		
Curtis Lake 17926 Mary Lane SW, Rochester, WA 98579		SE, ME	NE
Marie Quarles 24491 S Larkin Rd, Beavercreek, OR 97004	NE	IQ, JE	
Thomas Quarles 24991 S Larkin Rd, Beavercreek, OR 97004	IQ, JE	NE	
Dan Mata 2121 SE Courtney Rd, Milwaukie, OR 97222			SE, ME (*)
John Willmore 28944 11th Pl S, Federal Way, WA 98003			IQ, JE (*)

JUDGING SCHEDULE

	Saturday AM	Saturday PM	Sunday
Master Earthdog:	8:45 am	1:00 pm	8:45 am
Senior Earthdog:	10:15 am †	2:00 pm †	10:15 am †
Junior Earthdog:	10:45 am ‡	2:30 pm ‡	10:45 am ‡
Novice Earthdog:	10:30 am ‡	2:30 pm ‡	10:30 am ‡
Intro To Quarry:	9:15 am	1:30 pm	9:15 am

† or 30 minutes after Master is completed, whichever is later.

‡ or 30 minutes after Intro is completed, whichever is later.

AWARDS

Flat ribbons will be presented for Passing Intro to Quarry.

Qualifiers in NE, JE, SE, and ME classes will receive green & white rosettes.

Rosettes will be awarded for completing NE, JE, SE, ME, EE titles as well as for double Qs in Senior and Master.

Dogs completing JE, SE, ME titles will receive a PSEC zipper pull.

NOTICE TO EXHIBITORS

- **Bitches in season are not eligible for entry.** Entry fees will be refunded.
- **All dogs are to be held on a short leash** under control while on the test grounds.
- **NO FLEXI-LEADS ALLOWED IN THE PARKING AREAS OR IN AREAS TO/FROM THE TEST DENS.**
- **For everyone's safety, DOGS SHALL NOT BE LEFT UNATTENDED in exercise pens.**
- **Secure Dogs that are left in cars with windows down so they cannot jump out.**
- No dogs shall be allowed in areas immediately adjacent to test areas.
- Please remember that this is a private residence. All attendees must restrict their activity to designated areas.
- 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.**

LODGING

There are motels that accept dogs in the Centralia and Lacey area.

Overnight camping and RV/trailer parking are available, however ... there are NO HOOKUPS!

Contact Curtis Lake for Reservations – 253-720-8234

VOLUNTEERS EARN RAFFLE TICKETS!

Volunteer! Each volunteer activity will earn a raffle ticket for a chance toward a coupon for free entry in a future PSEC test. The raffle is open to everyone and there are plenty of opportunities to help. There will be one (1) raffle draw for each test.

EMERGENCY INFORMATION

Police, Fire, Ambulance – 911

Providence Centralia Hospital

914 S. Scheuber Rd, Centralia, WA Phone: 360-736-2803

Olympia Pet Emergency, 4441 Pacific Ave SE, Lacey, WA 98503 360-455-5155

Olympia Veterinary Specialist, 902 Union Ave SE, Olympia, WA 98501 360-339-3596

Emergency Coordinator – Sil Sanders (360) 708-4665

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## **PSEC Meeting Notice**

Sunday, May 22, 2022

A brief Board Meeting and General Meeting will be held after the conclusion of judging.

◀ ◀ **Saturday, April 30<sup>th</sup>, 10 AM - Work Party and Practice at the Test Site** ▶ ▶

◀ ◀ **Friday, May 20<sup>th</sup>, 1 PM - Work Party and Practice at the Test Site** ▶ ▶

# **Special COVID-19 Event Rules**

## **Puget Sound Earthdog Club**

### **Earthdog Practice & Tests May 20, 21 & 22, 2022**

1. Due to the changing nature of the Covid-19 pandemic, the Club may make changes to these rules at any time prior to the start of the tests, or if necessary, during the tests. We will notify you by email before the test. During the test, announcements will be made as appropriate.
2. All attendees who are vaccinated may self-attest to their vaccination status and possibly avoid the requirement to wear a face mask and social distance.
3. All attendees who are not vaccinated for Covid-19 are required to wear face masks that cover the nose and mouth at all times during these tests and maintain 6 feet social distance with people outside your household. This includes when waiting to enter den areas, handling their dog, or whenever standing or walking where others may come near them.
  - The unvaccinated may avoid the mask requirement if they self-attest to having a negative Covid-19 test in the previous 48 hours.
4. There will be no food (hospitality or lunch) provided at this event. Bring your own lunch and snacks and consume them in your vehicle. There are lunch restaurants within 15 minutes of the test site.
5. If you feel sick, have any COVID-19 symptoms, or have been in contact with any known carrier of COVID-19, do not come to the tests.
  - Email the secretary for a full refund. Refunds will be issued by mail after the tests.
6. We will announce each class orientation.
7. Ribbons will be available self-serve. There will be no award ceremonies.
8. All requirements of the Washington State Agricultural Event Guidelines, the AKC Earthdog Guidance for COVID-19, and Center for Disease Control recommendations will be adhered to. Current CDC recommendations regarding quarantine and isolation can be found at:  
<https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html>

**You will be required to sign a Covid-19 Event Waiver Form each day when you arrive.**

# Covid-19 Event Waiver Form

## Puget Sound Earthdog Club

### Earthdog Practice & Tests May 20, 21, & 22, 2021

- I have read and will adhere to all guidance provided by the Puget Sound Earthdog Club. I will also adhere to any guidance provided by the AKC, the State of Washington, Thurston County, and the Center for Disease Control (CDC).
- I am not currently experiencing symptoms of COVID-19 and to the best of my knowledge, I do not currently have COVID-19.
- If I have had recent exposure or close contact with a known Covid-19 carrier:
  - CDC guidelines do not recommend that I should quarantine during these tests.
  - If CDC guidance suggests I should wear a mask in public, I will do so at these tests both inside and outside.
  - If CDC guidance recommends I “watch for symptoms”, I will only attend the events with a negative COVID-19 test with the previous 48 hours.
- I am not awaiting results from a recent COVID-19 test.
- I agree that I am attending the Puget Sound Earthdog Club Earthdog tests entirely at my own risk and take responsibility for my own health and safety during this event.
- I fully submit that the AKC, Puget Sound Earthdog Club, the Lake family, and associated individuals are in no way liable for any present or future COVID-19 exposure incurred at any time by any person, in attendance or not in attendance during or after this event, and hereby waive all rights to file a lawsuit against any of the above if I am exposed to COVID-19.
- By signing this waiver, I attest that I have read and will adhere to conditions stated in this waiver and to the guidance outlined by the Puget Sound Earthdog Club.

\_\_\_\_\_  
Signature (or signature of parent/guardian of a minor)

\_\_\_\_\_  
Date

Must be signed each day of attendance.

\_\_\_\_\_  
Print Name (or name of minor)



AMERICAN  
KENNEL CLUB

# Official American Kennel Club Earthdog Entry Form

## Puget Sound Earthdog Club

Licensed Earthdog Tests  
Events #2022525306, #2022525307, #2022525308  
Lake Family Residence, Rochester, WA



Saturday AM, May 21, 2022:  Intro  Novice  Junior  Senior  Master  
 Saturday PM, May 21, 2022:  Intro  Novice  Junior  Senior  Master  
 Sunday AM, May 22, 2022:  Intro  Novice  Junior  Senior  Master

**FEES (Payable to PSEC):** NE/JE/SE/ME: \$23 pre-entry, \$30 (after 5/18/22). Includes \$3.50 AKC Recording fee. Second entry, same dog same test: pre-entry \$12; \$15 (after 5/18/22). Introduction to Quarry: \$12.50 pre-entry; \$15 (after 5/18/22).

Send all entries to Sandra Distefano, Test Secretary, 1884 NE 170<sup>th</sup> St, Shoreline, WA 98155-6021. **Pre-Entries due 5/18/22.**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |
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| Breed:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Amount of entry fees enclosed: \$                                                   |
| Breeder:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | AKC No. <input type="checkbox"/> Foreign & List Country: _____ Date of Birth: _____ |
| Call Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | AKC No. _____ Sex: _____                                                            |
| Name of Jr. Handler (if any):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Jr. Handler #: _____                                                                |
| <b>Full Name of Dog:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     |
| Sire:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                     |
| Dam:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                     |
| Actual Owner(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                     |
| Owner's Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                     |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | State: _____ Zip: _____                                                             |
| Name of Owner's Agent/Handler (if any):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Please Separate My Entries                                 |
| 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>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. I (we) certify and represent that the dog entered is not a hazard to persons or other dogs. 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 person. I (we) agree that the determination of whether the injury is serious shall be made by the event veterinarian and is binding on me (us). 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 THIS 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</p> |                                                                                     |
| Signature of owner or agent duly authorized to make this entry:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |
| Tel:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Email: _____                                                                        |



AMERICAN  
KENNEL CLUB

# Official American Kennel Club Earthdog Entry Form

## Puget Sound Earthdog Club

Licensed Earthdog Tests  
Events #2022525306, #2022525307, #2022525308  
Lake Family Residence, Rochester, WA



Saturday AM, May 21, 2022:  Intro  Novice  Junior  Senior  Master  
 Saturday PM, May 21, 2022:  Intro  Novice  Junior  Senior  Master  
 Sunday AM, May 22, 2022:  Intro  Novice  Junior  Senior  Master

**FEES (Payable to PSEC):** NE/JE/SE/ME: \$23 pre-entry, \$30 (after 5/18/22). Includes \$3.50 AKC Recording fee. Second entry, same dog same test: pre-entry \$12; \$15 (after 5/18/22). Introduction to Quarry: \$12.50 pre-entry; \$15 (after 5/18/22).

Send all entries to Sandra Distefano, Test Secretary, 1884 NE 170<sup>th</sup> St, Shoreline, WA 98155-6021. **Pre-Entries due 5/18/22.**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Breed:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Amount of entry fees enclosed: \$                                                   |
| Breeder:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | AKC No. <input type="checkbox"/> Foreign & List Country: _____ Date of Birth: _____ |
| Call Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | AKC No. _____ Sex: _____                                                            |
| Name of Jr. Handler (if any):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Jr. Handler #: _____                                                                |
| <b>Full Name of Dog:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     |
| Sire:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                     |
| Dam:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                     |
| Actual Owner(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                     |
| Owner's Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                     |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | State: _____ Zip: _____                                                             |
| Name of Owner's Agent/Handler (if any):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Please Separate My Entries                                 |
| 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>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. I (we) certify and represent that the dog entered is not a hazard to persons or other dogs. 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 person. I (we) agree that the determination of whether the injury is serious shall be made by the event veterinarian and is binding on me (us). 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 THIS 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</p> |                                                                                     |
| Signature of owner or agent duly authorized to make this entry:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |
| Tel:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Email: _____                                                                        |