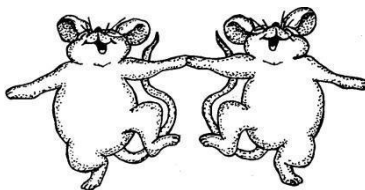


PREMIUM LIST
(Updated April 15, 2023)



PUGET SOUND EARTHDOG CLUB
132ND, 133RD, 134TH, and 135TH
EARTHDOG TESTS

(AKC Licensed)

Events [#2023525301](#), [#2023525302](#), [#2023525303](#), [#202352308](#)

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

Saturday and Sunday, May 20 & 21, 2023

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

Pre-Entries CLOSE 6:00 PM PDT, Wednesday, May 17, 2023

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
2023 OFFICERS AND DIRECTORS

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

TEST CHAIR

Janet Pool
 10738 Rampart Dr E
 Puyallup, WA 98374
 aningas@gmail.com

TEST COMMITTEE

Janet Pool, Chair
 Jill Petersen
 Sil Sanders
 Jeff Dairiki
 Ileen Gallagher

TEST SECRETARY

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

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**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

	Saturday AM	Saturday PM	Sunday AM	Sunday PM
Marilyn Douglas Snohomish, WA	IQ	NE	JE	ME
Betsy Fortman Duvall, WA	SE	JE	IQ	SE
Marie Quarles Beavercreek, OR	JE	ME	SE	NE
Tom Quarles Beavercreek, OR	NE	IQ	ME	JE
John Willmore Federal Way, WA	ME	SE	NE	IQ

JUDGING SCHEDULE

	Saturday AM	Saturday PM	Sunday AM	Sunday PM
Master Earthdog:	8:45 am	1:00 pm	8:45 am	12:30 pm
Senior Earthdog:	10:15 am †	2:00 pm †	10:15 am †	1:30 pm †
Junior Earthdog:	10:45 am ‡	2:30 pm ‡	10:45 am ‡	2:00 pm
Novice Earthdog:	10:30 am ‡	2:30 pm ‡	10:30 am ‡	2:00 pm ‡
Intro To Quarry:	9:15 am	1:30 pm	9:15 am	1:00 pm

† 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**

Saturday, May 20, 2023

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

# **COVID-19 Event Rules**

**Puget Sound Earthdog Club**

**Earthdog Practice & Tests May 19–21, 2023**

This trial will follow [State](#) & [County](#) Guidelines as of the date of the trial. These rules & policies CAN change in-between now and the trial. Updates will be posted to our [Facebook Group](#) and [website](#). Thank you for understanding.

Regardless, **if you test positive or feel sick, please don't come.** Just notify the secretary for a full refund of your entry.



# Official American Kennel Club Earthdog Entry Form

## Puget Sound Earthdog Club

Events #2023525301, #2023525302, #2023525303, #2023525308  
Licensed Earthdog Tests

Lake Family Residence, Rochester, WA

- Saturday AM, May 20, 2023:  Intro  Novice  Junior  Senior  Master
- Saturday PM, May 20, 2023:  Intro  Novice  Junior  Senior  Master
- Sunday AM, May 21, 2023:  Intro  Novice  Junior  Senior  Master
- Sunday PM, May 21, 2023:  Intro  Novice  Junior  Senior  Master

**FEES (Payable to PSEC):** NE/AE/SE/ME: \$23 pre-entry; \$30 (after 05/17/23). Includes \$3.50 AKC Recording fee. Second entry, same dog same test; pre-entry \$12; \$15 (after 05/17/23). Introduction to Quarry: \$12.50 pre-entry; \$15 (after 05/17/23).

Send all entries to Sandra Distefano, Test Secretary, 1884 NE 170<sup>th</sup> St, Shoreline, WA 98155-6021. **Pre-Entries due 05/17/23.**



# Official American Kennel Club Earthdog Entry Form

## Puget Sound Earthdog Club

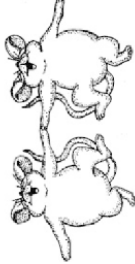
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 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><b>AGREEMENT</b></p> <p>I certify that I am the actual owner of the dog, or that I am the duly authorized agent of the actual owner whose name I have entered above. In consideration of the acceptance of this entry, I (we) agree to abide by the rules and regulations of the American Kennel Club in effect at the time of this event, and any additional rules and regulations appearing in the premium list of this event and entry form and any decision made in accord with them. I (we) agree that the club holding this event has the right to refuse this entry for cause, which the club shall deem sufficient. 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). <b>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.</b></p> |                                                                                     |
| Signature of owner or agent duly authorized to make this entry:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |
| Tel:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Email: _____                                                                        |

