

ENTRY FORM

The Colonial Bloodhound Club and The American Bloodhound Club (Two Separate Trailing Trials)

Saturday, September 18, 2010 and Sunday, September 19, 2010

*Greenfield Corporate Center and Lancaster County Park
Lancaster, Pennsylvania*

This event offers approximately 16 trails at various levels over the two days. Entries will be filled according to the ABC Field Trial Standards. A handler may enter only one hound but may request an opportunity to run a second hound if space is available. Please check the day you prefer to enter:

() Saturday, September 18, 2010 () Sunday, September 19, 2010 () No Preference

Please type or print plainly. Incomplete entries will not be accepted. Entries open on: July 20, 2010 and close on August 19, 2010. Mail all entries with fees to:
Patti Means, 431 Weaver Road, Strasburg, PA 17579.

TEST LEVEL APPLYING FOR: Check One

Mantrailer **Mantrailer Intermediate** **Mantrailer Excellent**

<u>Breed</u>	<u>Sex</u>	<u>Date of Birth</u>	<u>AKC# or Litter Reg. #</u>
BLOODHOUND	_____	_____	_____

LEVEL ENTERED: _____
(You must attach a copy of EEC certificate or ABC certificate for previous level passed.)

REGISTERED NAME OF HOUND: _____

BREEDER NAME: _____

SIRE NAME: _____

DAM NAME: _____

ACTUAL OWNER:	ADDRESS	CITY/STATE	ZIP CODE
_____	_____	_____	_____

HANDLER/AGENT FOR THIS EVENT:	ADDRESS	CITY/STATE	ZIP CODE
_____	_____	_____	_____

The Bloodhound entered must meet the eligibility criteria as specified in the American Bloodhound Club Field Trial Standard as revised and approved May, 2002.

WAIVER

I, _____, agree to hold harmless the American Bloodhound Club (ABC), Colonial Bloodhound Club (CBC), members of the ABC, CBC, sponsors, staff, public and private landowners, and other participants in the Trailing Trial in the event either myself, my bloodhound, or my property is lost, damaged, or injured during the Trailing Trials to be held on Saturday, September 18 and on September 19, 2010 in Lancaster, Pennsylvania.

Signature of Actual Owner: _____ Date: _____

Signature of Handler (*if used*): _____ Date: _____

Contact Telephone Number: () _____

E-Mail Address (**Please PRINT CLEARLY**): _____

YOU WILL BE NOTIFIED BY E-MAIL AND/OR REGULAR MAIL (IF YOU DON'T HAVE E-MAIL) AS TO WHETHER OR NOT YOU WILL BE PARTICIPATING IN THE TRAILING TRIAL EVENT AND IF SO, WHICH DAY YOU WILL BE SCHEDULED TO TEST.

PLEASE PROVIDE THE NAMES OF THE JUDGES WHO JUDGED YOUR MANTRAILER AND MANTRAILER INTERMEDIATE TESTS:

Mantrailer

Mantrailer Intermediate

1) _____

1) _____

2) _____

2) _____

FOR ADMINISTRATION USE ONLY

DATE RECEIVED: _____ FEE RECEIVED: _____ COMPLETE: _____

ENTRY # ASSIGNED: _____

CONFIRMATION SENT: _____