



DogHouse League Registration Form



Shipp's Corner Pet Spa

Virginia Beach, VA – Thur., May 18, May 25, June 8, June 22, 2017

Big Air WAVE # 1 ☐ Thur 5/18 6:30 pm

Big Air WAVE # 2 ☐ Thur 5/25 6:30 pm

Big Air WAVE # 3 ☐ Thur 6/8 6:30 pm

Big Air WAVE # 4 ☐ Thur 6/22 6:30 pm

Extreme Vertical # 1 ☐ Thur 5/18 5:30 pm

Extreme Vertical # 2 ☐ Thur 6/8 5:30 pm

Speed Retrieve # 1 ☐ Thur 5/25 5:30 pm

Speed Retrieve # 2 ☐ Thur 6/22 5:30 pm

Iron Dog Scoring ☐ **Registration**

Fee per wave is \$20.00

HANDLER INFORMATION

Handler # _____

☐ Male ☐ Female

☐ Youth Handler

Date of Birth: _____ / _____ / _____
MM DD YYYY

First Name: _____ Last Name: _____

Street address: _____

City: _____ State: _____ Zip: _____

Tel.: (____) _____ Email: _____

Payment: ☐ Credit Card ☐ Cash ☐ Check *(Please note pre-registration Credit Card only)*

Name on Credit Card: _____

Credit Card #: _____ Exp. Date _____
(mm/dd/yyyy)

Authorization Code:** _____ Zip of Card Billing Address: _____ Amt Charged: _____
(** three digit number on back of card following the final four number of your account)

Cardholder Signature: _____

DOG INFORMATION

☐ Male ☐ Female

☐ Veteran Dog
(8 - 9 yrs)

☐ Legend Dog
(10 yrs +)

☐ Lap Dog
(< 17" at withers)

Call Name: _____ Date of Birth: _____ / _____ / _____
MM DD YYYY

Breed: _____ Color: _____
(If mixed breed, please list probable breed heritage)

I agree to abide by the Rules and Regulations of DockDogs® as they are in effect at the time of this event. I further agree to be bound by the Waiver accompanying this entry form. I have voluntarily signed this release. I certify that the dog entered is not a hazard to persons or other dogs.

SIGNATURE: _____ DATE: _____