

DogHouse League

Registration Form

Rotten Dog Sports Lodge

Braselton, GA – Sun., June 6, June 13, June 20, June 27, 2021

	Big Air WAVE #1 🗌 Sun 6/6	5:00 pm	Extreme Vertical # 2	Sun 6/20 6:30 p
Big Air WAVE # 4 Sun 6/27 5:00 pm Iron Dog Scoring Registration Extreme Vertical # 1 Sun 6/6 6:30 pm Fee per wave is \$25.00 HANDLER INFORMATION Handler Male Female Youth Handler Date of Birth: ///	Big Air WAVE #2 Sun 6/13	5:00 pm	Speed Retrieve # 1	Sun 6/13 6:30 pr
Extreme Vertical # 1 G un 6/6 6:30 pm Fee per wave is \$25.00 HANDLER INFORMATION Handler Male Female Vouth Handler Date of Birth: MM DD YVYY First Name: Last Name: Last Name: Street address: City: Last Name: Street address: City: Last Name: City: City: Last Name: City: Ci		5:00 pm	Speed Retrieve # 2	└ Sun 6/27 6:30 p
Fee per wave is \$25.00 HANDLER INFORMATION Handler Male Female Youth Handler Date of Birth: Male Female Youth Handler Date of Birth: Mail DD First Name: Last Name: Street address:	· · ·	5:00 pm	Iron Dog Scoring	Registration
HANDLER INFORMATION Handler Male Female Youth Handler Date of Birth: //	Extreme Vertical # 1 🗌 Sun 6/6	6:30 pm		
Male Female Youth Handler Date of Birth: ////		Fee per wave	e is \$25.00	
MM DD YYYY First Name:	HANDLER INFORMATION		Handler	
First Name: Last Name: Street address:	🗌 Male 🗌 Female	Youth Handler	Date of Birth:	_//
Street address:			ММ	DD YYYY
City:	First Name:	Last Na	.me:	
Tel.: ()Email:	Street address:			
Payment: Credit Card Cash Check (Please note pre-registration Credit Card only) Name on Credit Card:	City:	State:		Zip:
Name on Credit Card: Credit Card #:	Tel.: ()	Email:		
Credit Card #:	Payment: Credit Card	Cash 🗌 Check (Please n	ote pre-registration Credit Card o	only)
(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 Gremale Veteran Dog Legend Dog Lap Dog (8 - 9 yrs) Call Name: Date of Birth: /	Name on Credit Card:			
(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 Gremale Veteran Dog Legend Dog Lap Dog (8 - 9 yrs) Call Name: Date of Birth: /	Credit Card #:		Exp. Date	2
(** three digit number on back of card following the final four number of your account) Cardholder Signature:				(mm/dd/yyyy)
DOG INFORMATION Image: Image			Address: Am	it Charged:
Male Female Veteran Dog (8 - 9 yrs) Legend Dog (10 yrs +) Lap Dog (< 17" at withers)	Cardholder Signature:			
Male Female Veteran Dog (8 - 9 yrs) Legend Dog (10 yrs +) Lap Dog (< 17" at withers)				
Male Female Veteran Dog (8 - 9 yrs) Legend Dog (10 yrs +) Lap Dog (< 17" at withers)				
(8 - 9 yrs) (10 yrs +) (< 17" at withers)	DOG INFORMATION			
	☐ Male ☐ Female		Dog Legend Dog (10 yrs +)	Lap Dog (< 17" at withers)
MM DD YYYY	Call Name:			
	D 1			
Breed: Color:	· · · · · · · · · · · · · · · · · · ·		Color:	

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: ____

PLEASE FAX TO: 330-241-4976 or save and email to <u>dd_admin@dockdogs.com</u>. If you do not receive a confirmation email from DockDogs[®] within 3 business days of faxing or emailing your registration, please call to verify that we have received your league registration form.