OFFICIAL AMERICAN SIGHTHOUND FIELD ASSOCIATION ENTRY FORM

40th ASFA International Invitational Saturday, October 21st, 2017

Entry Fees: Early Entries: \$30 first hound, \$25 for each additional entry from the same owner and household. Entries received after September 9th 2017: \$40 per hound. Non-Regular Stake Entry

Fee: \$5 per entry. Early Entry Closing: September 9th 2017 at the FTS's address.

Final Entries Closing: September 30th, 2017 at the FTS's address.

Make check payable in USA funds to 2017 ASFA II and return with completed entry forms to: Tom Cigolle Jr, II FTS, 1835 Tope Rd, New Cumberland, WV 26047 (Cell: 304-794-8515)

The Field Secretary cannot accept conditional, unsigned, incomplete or unpaid entries: please check your completed entry carefully

	critico, picasc	oricok your comp	noted critiny darendary.			
Bree	ed:	Call Nam	e:			
Regi	stered Name of Hound	l:				
Stak		eteran Single	☐ Limited	Additional Sta ☐ Kennel ☐	ikes Breeder □ Bench	
	Registra	ation Number: (ple	ase write in registering body	y before numbe	er)	
	f possible, please separate my hounds	Date of Birth:		Sex: □ Dog □ Bitch		
Nam	e of actual owner(s):					
Addı	ess:			Phone:		
City:				State:	Zip:	
E-mail (Optional) (Optional) Region of Residence:			ion of Residence:			
Emergency Contact Name and Phone (Optional)						
 Check if this is the first ASFA trial for this hound. Attach a Hound Certification or waiver if entered in Open, Veterans, Limited. 						
☐ Check if this is a first-time entry, a copy of the official Registration of this hound must accompany this entry unless NGA.						
	Check if any informat	ion has changed sin	ce the last ASFA trial entry.	Regarding		
	Check if this hound has been dismissed within the last 6 trials entered. Must be marked in order to					

I CERTIFY that I am the actual owner of this 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 and the opportunity to have this dog judged and to win prize money, ribbons, or trophies, I (we) agree to abide by the rules and regulations of the American Sighthound Field Association in effect at the time of this lure field trial, and by any additional rules and regulations appearing in the premium list for this lure field trial. I (we) agree that the club holding this lure field trial has the right to refuse this entry for cause, which the club shall deem to be sufficient. I (we) agree to hold this club, its members, directors, governors, officers, agents or other functionaries, any employees of the aforementioned parties and the owner(s) of the trial premises or grounds 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 upon the lure field trial 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 loss of this dog by disappearance, theft damage or injury be caused or alleged to be caused by the negligence of the club or any of the aforementioned parties or by the negligence of any person or any other cause or causes. I (we) certify and represent that the dog entered is not a hazard to person or other dogs. This entry is submitted for acceptance of the forgoing representations and agreements.

SIGNATURE of owner or his agent	
duly authorized to make this entry	
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OFFICIAL AMERICAN SIGHTHOUND FIELD ASSOCIATION ENTRY FORM

40th ASFA International Invitational Sunday, October 22nd, 2017

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	your completed entry carefully.	, unsigned, ii	icomplete of unpaid	
Breed: Call Name:				
Registered Name of Hound:				
Stake: ☐ Open ☐ FCH ☐ Veteran	□ Single □ Limited	Additional Sta ☐ Kennel ☐	akes I Breeder 🛚 Bench	
Registration Nu	mber: (please write in registering bod	y before numbe	er)	
☐ If possible, please separate my hounds	Date of Birth:	Sex: □ Dog □ Bitch		
Name of actual owner(s):				
Address: Phone:				
City:		State:	Zip:	
E-mail (Optional)	(Optional) Region of Reside		gion of Residence:	
Emergency Contact Name and Phone	(Optional)			
☐ Check if this is the first ASF entered in Open, Veterans, I	A trial for this hound. Attach a Hour	nd Certification	n or waiver if	
☐ Check if this is a first-time entry, a copy of the official Registration of this hound must accompany this entry unless NGA.				
□ Check if any information has changed since the last ASFA trial entry. Regarding				
☐ Check if this hound has been qualify for a "clean" trial requir	dismissed within the last 6 trials entere ement.	d. Must be mar	ked in order to	
name I have entered above. In consi	r of this dog, or that I am the duly author deration of the acceptance of this entr ons, or trophies, I (we) agree to abid	ry and the oppo	ortunity to have this do	

American Sighthound Field Association in effect at the time of this lure field trial, and by any additional rules and regulations appearing in the premium list for this lure field trial. I (we) agree that the club holding this lure field trial has the right to refuse this entry for cause, which the club shall deem to be sufficient. I (we) agree to hold this club, its members, directors, governors, officers, agents or other functionaries, any employees of the aforementioned parties and the owner(s) of the trial premises or grounds 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 upon the lure field trial 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 loss of this dog by disappearance, theft damage or injury be caused or alleged to be caused by the negligence of the club or any of the aforementioned parties or by the negligence of any person or any other cause or causes. I (we) certify and represent that the dog entered is not a hazard to person or other dogs. This entry is submitted for acceptance of the forgoing representations and agreements.

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Please separate the entries before submitting to the FTS!

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	critico, picasc	oricok your comp	noted critiny darendary.			
Bree	ed:	Call Nam	e:			
Regi	stered Name of Hound	l:				
Stak		eteran Single	☐ Limited	Additional Sta ☐ Kennel ☐	ikes Breeder □ Bench	
	Registra	ation Number: (ple	ase write in registering body	y before numbe	er)	
	f possible, please separate my hounds	Date of Birth:		Sex: □ Dog □ Bitch		
Nam	e of actual owner(s):					
Addı	ess:			Phone:		
City:				State:	Zip:	
E-mail (Optional) (Optional) Region of Residence:			ion of Residence:			
Emergency Contact Name and Phone (Optional)						
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	Check if any informat	ion has changed sin	ce the last ASFA trial entry.	Regarding		
	Check if this hound has been dismissed within the last 6 trials entered. Must be marked in order to					

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Registered Name of Hound:				
Stake: ☐ Open ☐ FCH ☐ Veteran	□ Single □ Limited	Additional Sta ☐ Kennel ☐	akes I Breeder 🛚 Bench	
Registration Nu	mber: (please write in registering bod	y before numbe	er)	
☐ If possible, please separate my hounds	Date of Birth:	Sex: □ Dog □ Bitch		
Name of actual owner(s):				
Address: Phone:				
City:		State:	Zip:	
E-mail (Optional)	(Optional) Region of Reside		gion of Residence:	
Emergency Contact Name and Phone	(Optional)			
☐ Check if this is the first ASF entered in Open, Veterans, I	A trial for this hound. Attach a Hour	nd Certification	n or waiver if	
☐ Check if this is a first-time entry, a copy of the official Registration of this hound must accompany this entry unless NGA.				
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Please separate the entries before submitting to the FTS!

official AMERICAN SIGHTHOUND FIELD ASSOCIATION ENTRY FORM 40th ASFA International Invitational

Gillette Stake Saturday, October 21st, 2017 Entries close September 30th, 2017

By signing and submitting this entry, you certify that this hound meets

ALL of the following eligibility requirements for the Gillette Stake.

Has an AKC or foreign bench championship

Proof is submitted with entry form

Is an ASFA Field Champion

Has earned 20 ASFA points in the 12-month period preceding close of entries

Is entered in the Field Champion or Veteran Stake on Saturday

Eligibility requirements must be met by closing date, with proof submitted with entry.

Call Name:

Breed: Registered Name of Hound: Registration Number: (please write in registering body before number) Date of Sex: Birth: ☑ Dog ☑ Bitch Name of actual owner(s): Address: Phone: City: State: Zip: E-mail (Optional) (Optional) Region of Residence: Breeder (Optional) Sire (Optional) Dam (Optional)

I CERTIFY that I am the actual owner of this 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 and the opportunity to have this dog judged and to win prize money, ribbons, or trophies, I (we) agree to abide by the rules and regulations of the American Sighthound Field Association in effect at the time of this lure field trial, and by any additional rules and regulations appearing in the premium list for this lure field trial. I (we) agree that the club holding this lure field trial has the right to refuse this entry for cause, which the club shall deem to be sufficient. I (we) agree to hold this club, its members, directors, governors, officers, agents or other functionaries, any employees of the aforementioned parties and the owner(s) of the trial premises or grounds 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 upon the lure field trial 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 loss of this dog by disappearance, theft damage or injury be caused or alleged to be caused by the negligence of the club or any of the aforementioned parties or by the negligence of any person or any other cause or causes. I (we) certify and represent that the dog entered is not a hazard to person or other dogs. This entry is submitted for acceptance of the forgoing representations and agreements

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SIGNATURE of owner or his agent	
duly authorized to make this entry	
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EF-G ~ rev 07-12 ©

FTS!

the

entries before submitting to

separate the

Kennel/Breeder Stake Entry

Include \$5.00 and separate entry form per pair of sighthounds for EACH individual non-regular stake entry that you enter each day. Payment must accompany entries.

Check one or both: ☐ Kennel Stake ☐ Breeder Stake
Check one or both: ☐ Saturday ☐ Sunday
Breed:
Breeder(s):
Hound #1 Call Name:
Registered Name:
Owner(s):
Hound #2
Call Name:Registered
Name:
Owner(s):
Include \$5.00 and separate entry form per pair of sighthounds for EACH individual non-regular stake entry that you enter each day. Payment must accompany entries.
Check one or both: ☐ Kennel Stake ☐ Breeder Stake Check one or both: ☐ Saturday ☐ Sunday
Breed:
Breeder(s):
Hound #1 Call Name:
Registered Name:
Owner(s):
Hound #2
• • • • • • • • • • • • • • • • • • • •

Bench Stake Entry
Include \$5.00 and separate entry form per individual hound for EACH Bench Stake entry that you enter each day. Payment and a copy of the Championship certificate

	must ac	com	pany each entry.				
	Check one or both:		Saturday		Sunday		
Breed:							
Breeder(s):							
Call Name:							
Registered							
Owner(s): _							
	Bench Stake Entry Include \$5.00 and separate entry form per individual hound for EACH Bench Stake entry that you enter each day. Payment and a copy of the Championship certificate must accompany each entry.						
	Check one or both:		Saturday		Sunday		
Breed:							
Breeder(s):							
Call Name:							
Registered							
Name:							
Owner(s):							

Please separate the entries before submitting to the FTS!