

GAZEHOUNDS OF NEW ENGLAND  
Nannette Lipinski, Field Trial Secretary  
Dara Johnson (Mentor)  
PO Box 848  
Fort Montgomery, NY 10922  
nannette.lipinski@gmail.com  
703-973-1139

#### ACCOMMODATIONS

**Oakdell Motel** 93 Hartford Turnpike, Waterford, CT 860-442-9446  
**Motel 6** 269 Flanders Rd, Niantic, CT 860-739-6991  
(1 pet only per room)  
**Red Roof Inn** 707 Colman St, New London, CT 860-444-0001  
**Econolodge Inn** 1750 Boston Post Road, Old Saybrook, CT 860-399-7973  
(\$30 total pet fee per stay)

*Please Note That Some Of These Hotels May Have Changed Their Policies Since This List Was Compiled So We Strongly Recommend That You Confirm Their Pet Policy And Rates When Making Your Reservation.*

#### DIRECTIONS TO THE FIELD

**From New York or New Haven:** RT 95 North to EXIT 75 (Waterford 1-A) Follow approximately 3 or 4 miles passing a cemetery and Waterford Post Office on right. Turn RIGHT at light onto Avery Lane (Silva's Package store on right just before the light). At next light go STRAIGHT onto Great Neck Road which is also Route 213. Follow 3 miles to STOP sign. Turn RIGHT- continuing on Great Neck Road 1/4 mile. At STOP sign turn RIGHT onto O'Neill grounds.

**From Boston or Providence:** RT 95 South to New London. Take EXIT 81 (Cross Road). Turn LEFT at bottom of short ramp - pass Walmart and shopping center on right. At light turn LEFT onto Cross Road. Follow to junction with Route 1-A (bottom of hill). Turn LEFT onto Route 1-A. Approximately 2.5 miles turn RIGHT at light onto Avery Lane (Silva's Package store on right just before the light). At next light go STRAIGHT onto Great Neck Road which is also Route 213. Follow 3 miles to STOP sign. Turn RIGHT- continuing on Great Neck Road 1/4 mile. At STOP sign turn RIGHT onto O'Neill grounds. Follow signs to Waterford Town Beach.

**From Hartford and North:** Route 2 South to Route 11 from Hartford: follow signs to New London- Route 11. At the end of Route 11 turn LEFT at bottom of ramp. At first light (Salem Four Corners) turn RIGHT onto Route 85 toward New London. After passing the Oakdell Motel on the left you will come to a set of lights. Turn RIGHT at the lights onto Cross Road. Follow to junction with Route 1-A (bottom of hill). Turn LEFT onto Route 1-A. Approximately 2.5 miles turn RIGHT at light onto Avery Lane (Silva's Package store on right just before the light). At next light go STRAIGHT onto Great Neck Road which is also Route 213. Follow 3 miles to STOP sign. Turn RIGHT- continuing on Great Neck Road 1/4 mile. At STOP sign turn RIGHT onto O'Neill grounds.

#### **PLEASE BRING SHADE & WATER FOR YOUR HOUNDS**

**\*\*\*ASFA Certifications done on Saturday AFTER the trial is over \$15 \*\*\***

**Practice Runs done on Saturday AFTER the trial is over \$5/run**

#### **PREMIUM LIST**

**EARLY ENTRIES CLOSE 6 p.m. WEDNESDAY, May 18, 2022**  
**at the Field Trial Secretary's Address**  
**P. O. Box 848 Ft. Montgomery, NY 10922**

**DAY OF TRIAL ENTRIES CLOSE 8:00 a.m. - ½ hour before Roll Call**  
**at the Field Trial Secretary's Desk – entries \$25**



#### **REGION 9**

#### **ALL BREED LURE COURSING FIELD TRIAL**

**Saturday & Sunday, May 21-22, 2022**

**Waterford Town Beach, 305 Great Neck Road,  
Waterford, CT**

**\*\*\*\*\* LCI stake limited to the FIRST 10 Entries Received \*\*\*\*\***

**Early entry fee: \$22.00 first dog; \$15.00 additional dogs**  
**Day of Trial: \$25.00 all dogs**

**TRIAL HOURS: 7:00 AM until completed** **ROLL CALL: 8:30 AM all breeds**

**ENTRIES WILL NOT BE ACKNOWLEDGED BY MAIL, PHONE OR EMAIL**  
**ABSOLUTELY NO TELEPHONE OR EMAIL ENTRIES WILL BE ACCEPTED**

Permission has been granted by the American Sighthound Field Association for the holding of this event under American Sighthound Field Association Rules and Regulations.

Audrey Silverstein, Chair, A.S.F.A. Scheduling Committee

Go to **www.ASFA.org**

for online Rulebook, Policies, Contacts, Clubs,  
Trial Schedules, Trial Results & much more

\*\*\*\*\* **BEST IN FIELD WILL BE OFFERED** \*\*\*\*\*

### Officers and Directors of Gaze hounds of New England:

President: Steven Seay; Vice President: Jo-An Courtemanche; Secretary: Cheryl Coté;  
Treasurer: Moe Brodeur; Directors: Cricket Potter, Ben Brodeur, Nikki Ludman Newton,  
Pam Buswell. ASFA Delegate: Jeff Trombetta

### **JUDGES AND ASSIGNMENTS:**

**Doug Bollen** (DB) 27 Williams Street, Salem, MA 01970  
**Charles R. Roberts** (CR) 20329 S Bakers Ferry Road, OR 97045  
S- Single judge, \* - Provisional judge, # - Canadian judge.

Saturday:

|    | A<br>H | A<br>Z | B<br>A | B<br>Z | C<br>I | G<br>H | I<br>B | I<br>W | I<br>G | LC<br>I | PH | R<br>R | S<br>A | S<br>D | S<br>W | S<br>L | W<br>H | P<br>V<br>L | S<br>N<br>G |
|----|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|----|--------|--------|--------|--------|--------|--------|-------------|-------------|
| DB | S      |        | S      | S      | S      | S      | S      |        |        | S       | S  |        |        |        | S      |        | S      |             |             |
| CR |        | S      |        |        |        |        |        | S      | S      |         |    | S      | S      | S      |        | S      |        | S           | S           |

Sunday:

|    | A<br>H | A<br>Z | B<br>A | B<br>Z | C<br>I | G<br>H | I<br>B | I<br>W | IG | LC<br>I | P<br>H | R<br>R | S<br>A | S<br>D | S<br>W | S<br>L | W<br>H | P<br>V<br>L | S<br>N<br>G |
|----|--------|--------|--------|--------|--------|--------|--------|--------|----|---------|--------|--------|--------|--------|--------|--------|--------|-------------|-------------|
| DB |        | S      |        |        |        |        |        | S      | S  |         |        | S      | S      | S      |        | S      |        | S           | S           |
| CR | S      |        | S      | S      | S      | S      | S      |        |    | S       | S      |        |        |        | S      |        | S      |             |             |

### Field Committee:

Chairperson: Jo-An Courtemanche 413-374-1058  
Field Trial Secretary: Nannette Lipinski, PO Box 848 Ft. Montgomery, NY 10922  
[nannette.lipinski@gmail.com](mailto:nannette.lipinski@gmail.com) 703-973-1139

Lure Operators: J. Trombetta, B. Brodeur, D. Bollen, D. Ruth  
Field Clerks: I. Kimmelman, A. Mero, Lisa B. P. Buswell  
Huntmasters: B. Brodeur, M. Trifiro Jeff T.  
Paddock: M. Brodeur, C. Potter, Jan M.  
Inspection: I. Kimmelman, M. Brodeur, P. Buswell, A. Mero

### **RIBBONS & TROPHIES**

**Ribbons & Prizes offered by GONE (Qualifying Score Required for All Prizes)**

**Ribbons:** 1st-Blue, 2nd-Red, 3rd-Yellow, 4th-White, NBQ-Green

**Singles High Score:** Navy/Gold Rosette

**Best of Breed:** Purple/Gold Rosette

**Best in Field:** Red/White/Blue Rosette

### **VETERINARIAN ON CALL**

Ocean State Veterinary Hospital, 1480 South County Trail,  
East Greenwich, RI 02818. 401-886-6787

### **ELIGIBLE BREEDS AND REGISTRY**

Only purebred Afghan Hounds, Azawakhs, Basenjis, Borzoi, Cirneco dell'Etna, Greyhounds, Ibizan Hounds, Irish Wolfhounds, Italian Greyhounds, Pharaoh Hounds, Rhodesian Ridgebacks, Salukis, Scottish Deerhounds, Silken Windhound, Sloughis, Whippets, and Provisional breeds may be entered in the regular stakes. Current Provisional breeds include purebred Chart Polski, Galgo Español, Magyar Agar, Peruvian Inca Orchid, Portuguese Podengo (Pequeno), Portuguese Podengo (Medio & Grande), and must be individually registered with the appropriate registry.

All entries in the regular stakes shall be individually registered with the AKC (ILP and PAL included), the National Greyhound Association, the Federation Cynologique, an ASFA recognized foreign or ASFA Board approved registry, or possess a critique registration number (CRN) from the Society for the Perpetuation of Desert Bred Salukis (SPDBS). Provisional stake entries shall be individually registered with the appropriate registry. A photocopy of acceptable registry must be submitted with each hound's first ASFA field trial entry; this requirement is waived for hounds registered with the NGA.

### **STAKES OFFERED:**

**OPEN STAKE:** Any eligible sighthound that has met certification requirements, excluding ASFA Field Champions of record.

**FIELD CHAMPION STAKE:** Any ASFA Field Champion

**VETERAN STAKE:** Any eligible hound that has met certification requirements whose age is at least six years, except Irish Wolfhounds whose age shall be at least five years, and Afghan Hounds, Ridgebacks, Salukis & Whippets whose age shall be at least seven years. Points go toward V-FCH and V-LCM titles.

**PROVISIONAL STAKE:** Any eligible sighthound of a Provisional stake breed that has met certification requirements. Not eligible to compete in Best of Breed or Best in Field.

**SINGLE STAKE:** Any eligible sighthound including those disqualified to run in other stakes. Not eligible for Best of Breed or Best in Field. Hounds are eligible to earn TCP and CPX titles from the Singles stake. Provisional breeds are not eligible for these titles.

**LURE COURSING INSTINCT (LCI) STAKE:** Open to NON sighthounds and sighthound mixes. All entries shall be individually registered with the AKC (including ILP & PAL) or the UKC. **A photocopy of acceptable registry must be submitted with each dog's first ASFA field trial entry.** Dogs without a recognized registry number may obtain an ASFA ID number for a \$10 registration fee at time of entry.

**Small Open:** for dogs 17-1/2 inches or less at the withers and / or brachycephalic ("flat-faced") dogs who have not achieved the title of LCC. **Small Senior:** for dogs 17-1/2 inches or less at the withers and/or brachycephalic dogs who have achieved the title of LCC. **Small Veteran:** for dogs 17-1/2 inches or less at the withers and/or brachycephalic dogs over the age of 7 years.

**Large Open:** for dogs over 17-1/2 inches at the withers who have not achieved the title of LCC.

**Large Senior:** is for dogs over 17-1/2 inches at the withers who have achieved the title of LCC.

**Large Veteran:** for dogs over 17-1/2 inches at the withers who are over the age of 7 years.

**Sighthound Mix Open:** for dogs with a sighthound breed in its background who have not achieved the title of LCC. **Sighthound Mix Senior:** for dogs with sighthound breed in its background who have achieved the title of LCC. **Sighthound Mix Veteran:** for dogs with sighthound breed in its

background over the age of 7 years.

When running as a stake within a regular ASFA trial, Small will run 50% of the ASFA course as laid out for the sighthounds up to a maximum of 400 yards. All other stakes will run the full ASFA laid out course length



**CONDITIONS OF ENTRY:** Hounds must be one year or older on the day of the trial and will be examined for breed disqualifications – spayed, neutered, monorchid and cryptorchid hounds without breed disqualifications may be entered • Hounds with breed disqualifications are not eligible to enter except in the Single Stake • Stakes will be split by random draw if the entry in any one stake is 20 or more at the time of the draw • All hounds will run twice, in trios if possible, or braces unless excused, dismissed or disqualified • Bitches in season, hounds with breed disqualifications and lame hounds will be excused • Hounds not present at Roll Call will be scratched • A battery powered, continuous loop machine will be used • The lure will consist of highly visible plastic strips • The course will be reversed for the finals, run-offs, Best of Breed, Best in Field • The Field Committee reserves the right to alter the course plan as required by weather and/or field conditions on the day of the trial • Participants should provide their own shade, water and food • There will be a \$5 fine for any hound loose on the field during another hound's course and for participants not cleaning up after their hounds

**COURSE PLAN, SATURDAY:** 745 yards, reversed for final courses, runoffs, BOB & BIF



**COURSE PLAN, SUNDAY:** 825 yards, reversed for final courses, runoffs, BOB & BIF





OFFICIAL AMERICAN SIGHTHOUND FIELD ASSOCIATION ENTRY FORM  
GAZEHOUNDS OF NEW ENGLAND

SATURDAY MAY 21, 2022

Nannette Lipinski, Field Trial Secretary  
P.O. Box 848

Fort Montgomery, NY 10922

Make Checks payable to: **GONE**, payable in U.S. Funds only

Early entries: \$22.00 first dog; \$15.00 additional dogs. Day of Trial Entry fee: \$25.00

**EARLY ENTRIES CLOSE 6 PM, WEDNESDAY, MAY 18, 2022**

Fee Paid \_\_\_\_\_ The Field Secretary cannot accept conditional, unsigned, incomplete or unpaid entries; please check your completed entry carefully.

|                                                                                                                                                                         |                                                                                                                      |                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Breed:                                                                                                                                                                  | Call Name:                                                                                                           |                                                                     |
| Registered Name of Hound:                                                                                                                                               |                                                                                                                      |                                                                     |
| Stake: <input type="checkbox"/> Open <input type="checkbox"/> FCH <input type="checkbox"/> Veteran <input type="checkbox"/> Single <input type="checkbox"/> Provisional | Additional Stakes<br><input type="checkbox"/> Kennel <input type="checkbox"/> Breeder <input type="checkbox"/> Bench |                                                                     |
| Registration Number: (please write in registering body before number)                                                                                                   |                                                                                                                      |                                                                     |
| <input type="checkbox"/> If possible, please separate my hounds                                                                                                         | Date of Birth:                                                                                                       | Sex:<br><input type="checkbox"/> Dog <input type="checkbox"/> Bitch |
| Name of actual owner(s):                                                                                                                                                |                                                                                                                      |                                                                     |
| Address:                                                                                                                                                                |                                                                                                                      | Phone:                                                              |
| City:                                                                                                                                                                   | State:                                                                                                               | Zip:                                                                |
| E-mail (Optional)                                                                                                                                                       | (Optional) Region of Residence:                                                                                      |                                                                     |
| Emergency Contact Name and Phone (Optional)                                                                                                                             |                                                                                                                      |                                                                     |
| <input type="checkbox"/> Check if this is the first ASFA trial for this hound. Attach a Hound Certification or waiver if entered in Open, Veterans, Limited.            |                                                                                                                      |                                                                     |
| <input type="checkbox"/> Check if this is a first-time entry, a copy of the official Registration of this hound must accompany this entry unless NGA.                   |                                                                                                                      |                                                                     |
| <input type="checkbox"/> Check if any information has changed since the last ASFA trial entry. Regarding _____                                                          |                                                                                                                      |                                                                     |
| <input type="checkbox"/> Check if this hound has been dismissed within the last 6 trials entered. Must be marked in order to qualify for a "clean" trial requirement.   |                                                                                                                      |                                                                     |

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 his 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  
I am duly authorized to make this entry \_\_\_\_\_

**Please separate the entries before submitting to FTS.**

OFFICIAL AMERICAN SIGHTHOUND FIELD ASSOCIATION ENTRY FORM  
GAZEHOUNDS OF NEW ENGLAND

SUNDAY MAY 22, 2022

Nannette Lipinski, Field Trial Secretary  
P.O. Box 848

Fort Montgomery, NY 10922

Make Checks payable to: **GONE**, payable in U.S. Funds only

Early entries: \$22.00 first dog; \$15.00 additional dogs. Day of Trial Entry fee: \$25.00

**EARLY ENTRIES CLOSE 6 PM, WEDNESDAY, MAY 18, 2022**

Fee Paid \_\_\_\_\_ The Field Secretary cannot accept conditional, unsigned, incomplete or unpaid entries; please check your completed entry carefully.

|                                                                                                                                                                         |                                                                                                                      |                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Breed:                                                                                                                                                                  | Call Name:                                                                                                           |                                                                     |
| Registered Name of Hound:                                                                                                                                               |                                                                                                                      |                                                                     |
| Stake: <input type="checkbox"/> Open <input type="checkbox"/> FCH <input type="checkbox"/> Veteran <input type="checkbox"/> Single <input type="checkbox"/> Provisional | Additional Stakes<br><input type="checkbox"/> Kennel <input type="checkbox"/> Breeder <input type="checkbox"/> Bench |                                                                     |
| Registration Number: (please write in registering body before number)                                                                                                   |                                                                                                                      |                                                                     |
| <input type="checkbox"/> If possible, please separate my hounds                                                                                                         | Date of Birth:                                                                                                       | Sex:<br><input type="checkbox"/> Dog <input type="checkbox"/> Bitch |
| Name of actual owner(s):                                                                                                                                                |                                                                                                                      |                                                                     |
| Address:                                                                                                                                                                |                                                                                                                      | Phone:                                                              |
| City:                                                                                                                                                                   | State:                                                                                                               | Zip:                                                                |
| E-mail (Optional)                                                                                                                                                       | (Optional) Region of Residence:                                                                                      |                                                                     |
| Emergency Contact Name and Phone (Optional)                                                                                                                             |                                                                                                                      |                                                                     |
| <input type="checkbox"/> Check if this is the first ASFA trial for this hound. Attach a Hound Certification or waiver if entered in Open, Veterans, Limited.            |                                                                                                                      |                                                                     |
| <input type="checkbox"/> Check if this is a first-time entry, a copy of the official Registration of this hound must accompany this entry unless NGA.                   |                                                                                                                      |                                                                     |
| <input type="checkbox"/> Check if any information has changed since the last ASFA trial entry. Regarding _____                                                          |                                                                                                                      |                                                                     |
| <input type="checkbox"/> Check if this hound has been dismissed within the last 6 trials entered. Must be marked in order to qualify for a "clean" trial requirement.   |                                                                                                                      |                                                                     |

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  
I am duly authorized to make this entry \_\_\_\_\_

**Please separate the entries before submitting to FTS.**

OFFICIAL AMERICAN SIGHTHOUND FIELD ASSOCIATION  
Request for ASFA Lure Chasing Instinct Registration Number

Fee Paid \_\_\_\_\_ This form is for dogs without any registration number from another registering body.

Please print legibly.

|                                                                                                                                                                                                                                |                                                                  |        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------|--|
| Breed:                                                                                                                                                                                                                         | Call Name:                                                       |        |  |
| Registered Name of Dog:                                                                                                                                                                                                        |                                                                  |        |  |
| FTS will circle Size after wicketing at Inspection:<br><b>Size Small:</b> up to 17½ inches (or brachycephalic) <b>Size Large:</b> over 17½ inches<br><b>Registration Number:</b> (To be assigned by ASFA records coordinator.) |                                                                  |        |  |
| Date of Birth:                                                                                                                                                                                                                 | Sex: <input type="checkbox"/> Dog <input type="checkbox"/> Bitch |        |  |
| Name of actual owner(s):                                                                                                                                                                                                       |                                                                  |        |  |
| Address:                                                                                                                                                                                                                       |                                                                  | Phone: |  |
| City:                                                                                                                                                                                                                          | State:                                                           | Zip:   |  |
| E-mail                                                                                                                                                                                                                         | Region of Residence: (Optional)                                  |        |  |
| Emergency Contact Name and Phone                                                                                                                                                                                               |                                                                  |        |  |

This top portion is to be submitted with the \$10 fee to the Field Trial Secretary. First time trial entry on separate form.

\*\*\*\*\*

\_\_\_\_\_ was entered in the \_\_\_\_\_  
(Dog's Name) (ASFA Club Name)

ASFA trial held on \_\_\_\_\_. The dog was wicketed at inspection and is registered as Size \_\_\_\_\_. The fee of \$10 was received by the FTS and submitted to the ASFA Records Coordinator.

\_\_\_\_\_  
Printed name of Field Trial Secretary

\_\_\_\_\_  
Signature of Field Trial Secretary

(Owner is to retain this receipt as proof of registration until notified by the ASFA.)

OFFICIAL AMERICAN SIGHTHOUND FIELD ASSOCIATION  
Request for ASFA Lure Chasing Instinct Registration Number

Fee Paid \_\_\_\_\_ This form is for dogs without any registration number from another registering body.

Please print legibly.

|                                                                                                                                                                                                                                |                                                                  |        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------|--|
| Breed:                                                                                                                                                                                                                         | Call Name:                                                       |        |  |
| Registered Name of Dog:                                                                                                                                                                                                        |                                                                  |        |  |
| FTS will circle Size after wicketing at Inspection:<br><b>Size Small:</b> up to 17½ inches (or brachycephalic) <b>Size Large:</b> over 17½ inches<br><b>Registration Number:</b> (To be assigned by ASFA records coordinator.) |                                                                  |        |  |
| Date of Birth:                                                                                                                                                                                                                 | Sex: <input type="checkbox"/> Dog <input type="checkbox"/> Bitch |        |  |
| Name of actual owner(s):                                                                                                                                                                                                       |                                                                  |        |  |
| Address:                                                                                                                                                                                                                       |                                                                  | Phone: |  |
| City:                                                                                                                                                                                                                          | State:                                                           | Zip:   |  |
| E-mail                                                                                                                                                                                                                         | Region of Residence: (Optional)                                  |        |  |
| Emergency Contact Name and Phone                                                                                                                                                                                               |                                                                  |        |  |

This top portion is to be submitted with the \$10 fee to the Field Trial Secretary. First time trial entry on separate form.

\*\*\*\*\*

\_\_\_\_\_ was entered in the \_\_\_\_\_  
(Dog's Name) (ASFA Club Name)

ASFA trial held on \_\_\_\_\_. The dog was wicketed at inspection and is registered as Size \_\_\_\_\_. The fee of \$10 was received by the FTS and submitted to the ASFA Records Coordinator.

\_\_\_\_\_  
Printed name of Field Trial Secretary

\_\_\_\_\_  
Signature of Field Trial Secretary

(Owner is to retain this receipt as proof of registration until notified by the ASFA.)

OFFICIAL AMERICAN SIGHTHOUND FIELD ASSOCIATION  
LCI ENTRY FORM  
GAZEHOUNDS OF NEW ENGLAND

**SATURDAY MAY 21, 2022**

Nannette Lipinski, Field Trial Secretary  
P.O. Box 848  
Fort Montgomery, NY 10922

Make Checks payable to: **GONE**, payable in U.S. Funds only

Early entries: \$22.00 first dog; \$15.00 additional dogs. Day of Trial Entry fee: \$25.00

**EARLY ENTRIES CLOSE 6 PM, WEDNESDAY, MAY 18, 2022**

Fee Paid \_\_\_\_\_ The Field Secretary cannot accept conditional, unsigned, incomplete or unpaid entries; please check your completed entry carefully.

|                                                                                                                                                                                                                            |            |                                                                  |      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------------|------|
| Breed:                                                                                                                                                                                                                     | Call Name: |                                                                  |      |
| Registered Name of dog:                                                                                                                                                                                                    |            |                                                                  |      |
| Stake: <input type="checkbox"/> LCI-Small <input type="checkbox"/> LCI-Large <input type="checkbox"/> LCI-Sighthound Mix<br><input type="checkbox"/> Open <input type="checkbox"/> Senior <input type="checkbox"/> Veteran |            |                                                                  |      |
| Registration Number: (please write in registering body before number)                                                                                                                                                      |            |                                                                  |      |
| Date of Birth:                                                                                                                                                                                                             |            | Sex: <input type="checkbox"/> Dog <input type="checkbox"/> Bitch |      |
| Name of actual owner(s):                                                                                                                                                                                                   |            |                                                                  |      |
| Address:                                                                                                                                                                                                                   |            | Phone:                                                           |      |
| City:                                                                                                                                                                                                                      |            | State:                                                           | Zip: |
| E-mail                                                                                                                                                                                                                     |            | (Optional) Region of Residence:                                  |      |
| Emergency Contact Name and Phone (Optional)                                                                                                                                                                                |            |                                                                  |      |
| <input type="checkbox"/> Check if this is a first-time entry, a copy of the official Registration of this hound must accompany this entry. (i.e., AKC Registration form, PAL registration, Canine Partner, etc.)           |            |                                                                  |      |
| <input type="checkbox"/> Check if any information has changed since the last ASFA trial entry. Regarding _____                                                                                                             |            |                                                                  |      |

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 \_\_\_\_\_

**Please separate the entries before submitting to FTS.**

OFFICIAL AMERICAN SIGHTHOUND FIELD ASSOCIATION  
LCI ENTRY FORM  
GAZEHOUNDS OF NEW ENGLAND

**SUNDAY MAY 22, 2022**

Nannette Lipinski, Field Trial Secretary  
P.O. Box 848  
Fort Montgomery, NY 10922

Make Checks payable to: **GONE**, payable in U.S. Funds only

Early entries: \$22.00 first dog; \$15.00 additional dogs. Day of Trial Entry fee: \$25.00

**EARLY ENTRIES CLOSE 6 PM, WEDNESDAY, MAY 18, 2022**

Fee Paid \_\_\_\_\_ The Field Secretary cannot accept conditional, unsigned, incomplete or unpaid entries; please check your completed entry carefully.

|                                                                                                                                                                                                                            |            |                                                                  |      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------------|------|
| Breed:                                                                                                                                                                                                                     | Call Name: |                                                                  |      |
| Registered Name of dog:                                                                                                                                                                                                    |            |                                                                  |      |
| Stake: <input type="checkbox"/> LCI-Small <input type="checkbox"/> LCI-Large <input type="checkbox"/> LCI-Sighthound Mix<br><input type="checkbox"/> Open <input type="checkbox"/> Senior <input type="checkbox"/> Veteran |            |                                                                  |      |
| Registration Number: (please write in registering body before number)                                                                                                                                                      |            |                                                                  |      |
| Date of Birth:                                                                                                                                                                                                             |            | Sex: <input type="checkbox"/> Dog <input type="checkbox"/> Bitch |      |
| Name of actual owner(s):                                                                                                                                                                                                   |            |                                                                  |      |
| Address:                                                                                                                                                                                                                   |            | Phone:                                                           |      |
| City:                                                                                                                                                                                                                      |            | State:                                                           | Zip: |
| E-mail                                                                                                                                                                                                                     |            | (Optional) Region of Residence:                                  |      |
| Emergency Contact Name and Phone (Optional)                                                                                                                                                                                |            |                                                                  |      |
| <input type="checkbox"/> Check if this is a first-time entry, a copy of the official Registration of this hound must accompany this entry. (i.e., AKC Registration form, PAL registration, Canine Partner, etc.)           |            |                                                                  |      |
| <input type="checkbox"/> Check if any information has changed since the last ASFA trial entry. Regarding _____                                                                                                             |            |                                                                  |      |

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 \_\_\_\_\_

**Please separate the entries before submitting to FTS.**

Whether or not you are a GONE member, please consider volunteering at this trial weekend.

If you have **experience** and are willing to work a job or want to learn a job, please fill out the form below and return it with your entry to the Field Trial Secretary.

1. I will **work** on: \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday  
I will **apprentice** on: \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

2. I am running dogs of these breeds on **Saturday**: \_\_\_\_\_  
I am running dogs of these breeds on **Sunday**: \_\_\_\_\_

3. Check jobs you have *experience* with and are willing to do the day of the trial.

If you are willing to **apprentice**, check jobs you would like to learn. You will be paired with a person who knows the job, and you will get one-on-one attention.

|                 | Experienced | APPRENTICE |
|-----------------|-------------|------------|
| Lure OP         | _____       | _____      |
| Hunt master     | _____       | _____      |
| Roll Call       | _____       | _____      |
| Paddock         | _____       | _____      |
| Field Clerk     | _____       | _____      |
| Field Set up    | _____       | _____      |
| Field Tear Down | _____       | _____      |
| Assist FTS      | _____       | _____      |

THANK YOU FOR VOLUNTEERING.

Everyone will appreciate your efforts, and the trial will run more smoothly

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AMERICAN SIGHTHOUND FIELD ASSOCIATION  
HOUND CERTIFICATION

**Rule effective October 1, 1994: Ch. V, Sec. 4 (a) OPEN STAKE:** *To be eligible to enter the open stake, a hound must have been certified by a licensed judge within the year preceding the closing date for the entry or have previously competed in the Open Stake.* This eligibility requirement also applies to a hound entered in the Provisional or Veteran Stake, which has not competed in Open previously. Please complete this portion of this form and attach it to the entry form for the hound's first entry, including an entry for a Fun Trial.

Registered Name of Hound: \_\_\_\_\_

Registration Number: \_\_\_\_\_ Breed: \_\_\_\_\_

Registered Owner's Name: \_\_\_\_\_

I hereby certify that on (date) \_\_\_\_\_, the above named hound completed a lure course of at least 500 yards, running with another hound of the same breed (or another breed with a similar running style). During the course the above named hound showed no inclination to interfere with the other hound. I further certify that I am a licensed judge for the ASFA.

Name of Licensed Judge: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby certify that the hound running in the certification course is the hound identified above and that information provided on this form is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner or Authorized Agent of Hound

This certification form must be attached to the entry form the first time this hound is entered in an open, Provisional, or veteran stake. Any hound entered in open, Provisional, or veteran (as a first time entered hound), which has not been certified, shall be declared ineligible by the records coordinator and shall forfeit any points and placements awarded.

PLEASE RETAIN A COPY FOR YOUR RECORDS.

AMERICAN SIGHTHOUND FIELD ASSOCIATION  
HOUND CERTIFICATION WAIVER

**Waiver of Requirement:** *This requirement will be waived for a hound that has earned a lure coursing or racing title from another recognized organization, if such title requires competition, and if a waiver for such title has been approved by the ASFA, or a CKC Hound Certification Form.* If your hound qualifies for a waiver, complete this portion of this form and attach it to your entry form. Proof of waivers must accompany this certification form.

Registered Name of Hound: \_\_\_\_\_

Registration Number: \_\_\_\_\_ Breed: \_\_\_\_\_

Registered Owner's Name: \_\_\_\_\_

**CKC:** FCH FCHX

**AKC:** QC SC FC

Hound Certification previously submitted.

I hereby certify that the hound identified above has completed the requirements for the title indicated above (or that the required Certification was previously submitted) and that the information provided on this form is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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