OFFICIAL AMERICAN SIGHTHOUND FIELD ASSOCIATION ENTRY FORM

entries; please check your completed entry carefully.

Call Name:

The Field Secretary cannot accept conditional, unsigned, incomplete or unpaid

Fee Paid			ecretary cannot accept c se check your complete			complete or unpaid		
Breed:			Call Name:					
Register	ed Name of	Hound:						
Stake: □ Open □ FCH □ Veteran			□ Single □ Limited Additional Stakes					
	F	Registration N	umber: (please write in regi	istering body	y before numbe	er)		
 If possible, please separate my hounds 		Date of Birth:		Sex: □ Dog □ Bitch				
Name of	actual owne	er(s):						
Address:					Phone:			
City:					State:	Zip:		
E-mail (Optional)					(Optional) Region of Residence:			
Emergen	cy Contact N	ame and Phone	(Optional)					
-		s the first ASF ans, Limited.	A trial for this hound. Attac	ch a Hound	Certification	or waiver if entered		
	eck if this is s entry unle		ntry, a copy of the official I	Registration	n of this houn	d must accompany		
□ Ch	Check if any information has changed since the last ASFA trial entry. Regarding							
		und has been al requirement.	dismissed within the last 6 tr	ials entered.	. Must be mark	ed in order to qualify		

NO ASFA POINTS SHALL BE AWARDED FOR THIS FUN TRIAL.

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.

Stak				Additional S		
	Open 🗆 FCH 🗆 Veteran		imited	🗆 Kennel 🗆 Breeder 🗆 Bench		
	Registration I	lumber: (please	write in registering b	ody before num	ber)	
	If possible, please	Date of		Sex:		
	separate my hounds	Birth:		🗆 Dog 🗆 Bitch		
Nam	ne of actual owner(s):					
Address:				Phone:		
Cit. a				State:	Zip:	
City:	-			State:	Zip:	
E-mail (Optional)						
E-ma	ail (Optional)			(Optional) Reg	gion of Residence:	
E-ma	ail (Optional)			(Optional) Re	jion of Residence:	
	ail (Optional) orgency Contact Name and Phone	(Optional)		(Optional) Reg	jion of Residence:	
		(Optional)		(Optional) Reg	jion of Residence:	
			und. Attach a Hour			
Eme	rgency Contact Name and Phone Check if this is the first ASF	A trial for this ho		nd Certification	n or waiver if entered in	
Eme	rgency Contact Name and Phone Check if this is the first ASF Open, Veterans, Limited. Check if this is a first-time e	A trial for this ho ntry, a copy of th	e official Registrati	nd Certification	n or waiver if entered in	

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EF-C ~ rev 6-17©

Fee Paid

Breed: