**North Jersey Schutzhund and Police Association**

929 State Route 12 - Frenchtown, New Jersey 08825

Phone (908) 996-7200 Fax (908) 996-7272

**Club Trial Form**

**July 2017 Trial**

Date**: Saturday and Sunday July 29-30, 2017**

Judge: Burckhardt Koethe, SV

Events: IPO 1,2,3, BH, FH, OB, TR

Fee: IPO 1,2,3,- $70

BH, FH, OB, TR, - $50

( Make checks payable to – PRO CANINE CENTER )

Entry deadline is: Tuesday, July 18

Time Schedule: TBA (Please call or e-mail)

Places to stay:

Ramada Inn (908)782-7472

250 Highway 202/31, Flemington, NJ

Rates: Call

Discounts avail.

(Dogs allowed- addtl. $10 charge)

Holiday Inn (908)735-5111

111 Rt. 173, Clinton, NJ

(Located right off exit 15 from Interstate 78)

Rates: Call

Discounts avail.

(Dogs allowed)

Hampton Inn (908)713-4800

16 Frontage Dr.

Clinton, NJ

(Located right off exit 15 from Interstate 78)

Rates: Call

(Dogs allowed - maximum weight 75lbs.)

Practice for obedience and protection is only allowed 2 weeks prior to trial date. You can arrange for a protection practice session with our trial helper in case you cannot bring your own. Practice on the tracking grounds depends on the location chosen for a particular event. To set up a practice schedule, please call Andres Aportela at (908) 421-5050.

P.C.C., Pro Canine Center, is located off of Exit 15 from Interstate 78. At exit 15, go left onto Pittstown Road. Take this road to the end. At the “T”, turn right onto Route 12 West. Go about 2 ½ miles and you will see KINGWOOD GARDEN, a floral nursery sign on the right hand side. We share a driveway with this establishment. We are the white building to the right, white awning with black lettering, PRO CANINE CENTER. Our address is 929 Highway 12 West.

**FOR INFORMATION ON THIS TRIAL CONTACT**

**Andres Aportela 1-800-605-3647 or 908-421-5050**

**FAX US AT 908-996-7272**

**E-Mail at pcci@petcountryclub.com**

**NORTH JERSEY SCHUTZHUND AND POLICE ASSOCIATION**

**Trial 2017 ENTRY FORM**

Trial Date: Saturday and Sunday, July 29-30, 2017 / Entry Deadline: Tuesday, July 18

Trial Judge: Burckhardt Koethe, SV

**Circle entry: IPO 1 IPO 2 IPO 3 BH FH 1, 2 OB 1, 2, 3 TR 1, 2, 3**

**Please print all information and have your scorebooks with you when dropping off entry form.**

**Dog’s registered Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Present Titles :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Scorebook Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Registration Number SZNR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or AKC :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tattoo or Microchip Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sex:\_\_\_\_\_\_\_\_\_\_\_\_Breed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**When and where did you get BH ?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Handler: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ USCA Membership#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**H.O.T.? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Club Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Owner (If different):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_USCA Membership#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Club Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Note: All dogs entered must be current on all shots and must send proof of DHLPP,**  **Rabies and Bordetella, along with the entry form.**

By signing this form, I understand that this event will be conducted in accordance with current VDH rules and Regulations as administered by SV/USA Judges. In consideration of this entry, I agree to abide by those rules, regulations and decisions.

I also understand that the trial chairman has the right to refuse any entry and that he/she also has the right to dismiss any dog/handler team for violations of VDH rules, unsportsmanlike conduct or leaving dogs unattended in motel rooms.

I also understand that every dog at this event will be at all times in the care and control of the dog’s handler/owner. I further understand that the undersigned agrees to be fully responsible for the actions of his/her dog on the trial or motel grounds.

I agree to hold North Jersey Schutzhund and Police Association, its members, officers and directors, as well as any other land or property owners harmless for loss or injury which may have allegedly been caused directly or indirectly to any person or thing by any act of this dog.

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