

DOG OBEDIENCE CLUBS OF FLORIDA TEAM ENTRY FORM 2007

Instructions: This is a TWO PAGE Entry form. Fill out and return BOTH pages. Please PRINT CLEARLY. Mail with a single check (NO CASH PLEASE) for fees for receipt by July 31, 2007 to Trial Secretary: Maggie Eslinger 6971 Green Swamp Road Clermont, FL 34714.

Organization _____ Team # 1 or 2 or 3

Team Captain _____ Date _____

Address _____ City, ST, Zip _____

Daytime Phone (____) _____ Evening Phone (____) _____

Cell Phone (____) _____ E-Mail _____

WORKER POSITIONS BELOW ARE REQUIRED FOR ENTRY ACCEPTANCE. PLEASE INCLUDE A FULL DAY STEWARD OR THE EQUIVALENT WITH TWO STEWARDS. PLEASE INCLUDE THE REQUIRED SET-UP & TEAR-DOWN WORKER OR ONE WORKER FOR SET-UP ANOTHER FOR TEAR-DOWN. STEWARD, SET UP & TEAR DOWN WORKERS ARE MANDATORY. NO EXCEPTIONS.

Set-up for Competition Friday 4:00 pm - Name of Worker : _____

Tear-down at end of Competition Sunday - Name of Worker : _____

STEWARD 1 - Circle class: Novice Open Utility Circle time: ALL DAY AM or PM SHIFT
NAME: _____ Phone (____) _____

STEWARD 2 - Circle class: Novice Open Utility Circle time: ALL DAY AM or PM SHIFT
NAME: _____ Phone (____) _____

The DOCOF Delegate or Team Captain of the Organization, signifying under penalty of disqualification that the information on the entry is correct, MUST SIGN entries. DOCOF assumes no responsibility for any loss, damage or injury sustained by attendees, guests, children, or to any of their dogs or property. Attendees agree to hold harmless DOCOF, the Central Florida Fairgrounds, and the City of Orlando.

Signature: _____ Date: _____

Note: If dog is not registered, please enter dog's call name.

NOVICE:

1. Handler First Name _____ Last Name _____

New Handler/ DOCOF Pin? YES or NO All handlers receive a Bar.

Registered Name and titles of Dog: _____

Registration #: _____

Breed of Dog: _____

2. Handler First Name _____ Last Name _____

New Handler/ DOCOF Pin? YES or NO All handlers receive a Bar.

Registered Name and titles of Dog: _____

Registration #: _____

Breed of Dog: _____

3. Handler First Name _____ Last Name _____

New Handler/ DOCOF Pin? YES or NO All handlers receive a Bar.

Registered Name and titles of Dog: _____

Registration #: _____

Breed of Dog: _____

DOCOF Team Name: _____

Team Number: 1 or 2 or 3

Note: If dog is not registered, please enter dog's call name.

OPEN:

1. Handler First Name _____ Last Name _____

New Handler/ DOCOF Pin? YES or NO All handlers receive a Bar. Registered Name and titles of Dog: _____

Registration #: _____

Breed of Dog: _____ Dog's Jump Height: _____

2. Handler First Name _____ Last Name _____

New Handler/ DOCOF Pin? YES or NO All handlers receive a Bar. Registered Name and titles of Dog: _____

Registration #: _____

Breed of Dog: _____ Dog's Jump Height: _____

3. Handler First Name _____ Last Name _____

New Handler/ DOCOF Pin? YES or NO All handlers receive a Bar. Registered Name and titles of Dog: _____

Registration #: _____

Breed of Dog: _____ Dog's Jump Height: _____

UTILITY:

1. Handler First Name _____ Last Name _____

New Handler/ DOCOF Pin? YES or NO All handlers receive a Bar. Registered Name and titles of Dog: _____

Registration #: _____

Breed of Dog: _____ Dog's Jump Height: _____

2. Handler First Name _____ Last Name _____

New Handler/ DOCOF Pin? YES or NO All handlers receive a Bar. Registered Name and titles of Dog: _____

Registration #: _____

Breed of Dog: _____ Dog's Jump Height: _____

3. Handler First Name _____ Last Name _____

New Handler/ DOCOF Pin? YES or NO All handlers receive a Bar. Registered Name and titles of Dog: _____

Registration #: _____

Breed of Dog: _____ Dog's Jump Height: _____

See Required WORKER Positions on this two-page form.

Your entry will not be accepted without the required WORKERS and both pages filled out completely.

Entry Form Due to Trial Secretary no later than July 31, 2007.