

DOCOF TEAM ENTRY FORM

INSTRUCTIONS: This is a FOUR PAGE FILLABLE PDF Team Entry form. Please complete this form even if you are also entering the S.E.T. as this provides Team information. Fill out and return ALL pages. Please complete, sign, & mail with a single check (NO CASH) for fees for receipt by July 31st of the competition year. Mail to Trial Secretary: Adrienne Swanick 5701 BROOK LOOP LAKELAND, FL 33811-1674 Please Email a copy to Luci Seeley, Chief Steward at Luciseeley@gmail.com and Aimee Kincaid, for pins and bars at aimeekincaid1958@gmail.com

Team Name: _____ Team # 1 ____ 2 ____ 3 ____

Team Captain: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____ E-Mail _____

WORKER POSITIONS BELOW ARE REQUIRED FOR ENTRY ACCEPTANCE.

1. Set UP Worker: _____ Phone: _____

2. Clean Up Worker: _____ Phone: _____

ONE FULL DAY STEWARD OR TWO HALF DAY STEWARDS:

1. NAME of Steward: _____ Phone _____

Check class: ___ Novice ___ Open ___ Utility Check time: ___ ALL DAY ___ AM or ___ PM SHIFT

2. NAME of Steward: _____ Phone _____

Check class: ___ Novice ___ Open ___ Utility Check time: ___ ALL DAY ___ AM ___ PM SHIFT

ONE SET UP & TEAR DOWN WORKER AND THE EQUIVALENT OF ONE FULL DAY STEWARD PER TEAM ARE MANDATORY. NO EXCEPTIONS.

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 Dog Training Club of St. Petersburg.

Signature: (Handwritten only): _____ Date: _____

Revised: 03/20/2024

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NOVICE: 1.

Dog's Call Name: _____ Handler Name: _____

Junior Handler: YES ___ NO ___

New Handler: ___ DOCOF Pin: YES ___ NO ___ (All handlers receive a Bar).

Dog's Registration # _____ Breed of Dog _____

Registered Name of Dog (including prefix and suffix titles):

NOVICE: 2.

Dog's Call Name: _____ Handler Name: _____

Junior Handler: YES ___ NO ___

New Handler: ___ DOCOF Pin: YES ___ NO ___ (All handlers receive a Bar).

Dog's Registration # _____ Breed of Dog _____

Registered Name of Dog (including prefix and suffix titles):

NOVICE 3.

Dog's Call Name: _____ Handler Name: _____

Junior Handler: YES ___ NO ___

New Handler: ___ DOCOF Pin: YES ___ NO ___ (All handlers receive a Bar).

Dog's Registration # _____ Breed of Dog _____

Registered Name of Dog (including prefix and suffix titles):

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OPEN: 1.

Dog's Call Name: _____ Handler Name: _____

Junior Handler: YES ___ NO ___

New Handler: ___ DOCOF Pin: YES ___ NO ___ (All handlers receive a Bar)

Registration # _____ Breed of Dog: _____

Jump Ht. ___ / ___

Registered Name of Dog (including prefix and suffix titles):

OPEN 2.

Dog's Call Name _____ Handler Name _____

Junior Handler: YES ___ NO ___

New Handler: ___ DOCOF Pin: YES ___ NO ___ (All handlers receive a Bar)

Registration # _____ Breed of Dog: _____

Jump Ht. ___ / ___

Registered Name of Dog (including prefix and suffix titles):

OPEN 3.

Dog's Call Name _____ Handler Name _____

Junior Handler: YES ___ NO ___

New Handler: ___ DOCOF Pin: YES ___ NO ___ (All handlers receive a Bar)

Registration # _____ Breed of Dog: _____

Jump Ht. ___ / ___

Registered Name of Dog (including prefix and suffix titles):

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UTILITY 1.

Dog's Call Name _____ Handler Name _____

Junior Handler: YES ___ NO ___

New Handler: ___ DOCOF Pin: YES ___ NO ___ (All handlers receive a Bar)

Registration # _____ Breed of Dog: _____

Jump Ht. ___ / ___

Registered Name of Dog (including prefix and suffix titles):

UTILITY 2.

Dog's Call Name _____ Handler Name _____

Junior Handler: YES ___ NO ___

New Handler: ___ DOCOF Pin: YES ___ NO ___ (All handlers receive a Bar)

Registration # _____ Breed of Dog: _____

Jump Ht. ___ / ___

Registered Name of Dog (including prefix and suffix titles):

UTILITY 3.

Dog's Call Name _____ Handler Name _____

Junior Handler: YES ___ NO ___

New Handler: ___ DOCOF Pin: YES ___ NO ___ (All handlers receive a Bar)

Registration # _____ Breed of Dog: _____

Jump Ht. ___ / ___

Registered Name of Dog (including prefix and suffix titles):

See Required WORKER Positions on page 1 of this entry form. Your entry will not be accepted without the required WORKERS and all pages filled out completely including jump heights. Entry forms will be processed upon receipt of a single check for the total entry fees for your organization. Entry Form Due to Trial Secretary no later than July 31 of trial year.
