ENTRY FORM

PLEASE USE A SEPARATE FORM FOR EACH TEAM*

NAME OF EVENT:	

CLASS:	***IF 2-DAY EVENT TICK SATURDAY OR SUNDAY PREFERENCE:***	**SAT**	**SUN**

This is the official AMWA Entry Form that can be used for any AMWA Event. Complete each form carefully, reading relevant Event Schedule (which can be found on www.amwa.co.uk) to ensure that all particular instructions required for that Event are complied with, including to whom cheque, P/O is payable.

REGISTERED NAMES OF DOGS IN TEAM	KC/WEL/SDE/NPSD Reg No	SEX D OR B	DATE OF BIRTH	BREED

Please indicate the event jobs you or your partner would be confident with if called upon. If none are marked it will be taken that you are happy to do any of them.

Snubbing:	Marshalling:	Start Timing:	Finish Timing:

	PRICING		
	MEMBER	**NON MEMBER**	Write in amount to be paid
One Day	£10	£13	
Two Days	£18	£24	
Subsequent One Day	£6	£6	
Subsequent Two Days	£10	£10	
Junior One Day	£3	£3	
Junior Two Days	£5	£5	
	TOTAL PAYMENT ENCLOSED £		

Declaration:

I hereby undertake to abide by the rules of this event and to be responsible for my conduct, the conduct of my helpers and my dogs.

I declare that the dogs entered have not contracted nor will be knowingly exposed to any infectious diseases during the three weeks leading up to this event and if an infectious disease is contracted during this time, I will not enter the event. I shall not hold the event organisers of the Alaskan Malamute Working Association liable for any injury or damage to my dogs, my helpers, my equipment or myself or for loss or damage to my property.

If I am over 18 and choose not to wear protective head gear, this is my choice and I accept the risk involved. Under 18s MUST wear protective head gear.

Signature of Driver: **Date ……..**	**Signature of Owner(s) -if not driver** **Date ……..**

NAME OF DRIVER:	**TEL:**
ADDRESS inc POSTCODE:	**VEHICLE MAKE, TYPE and COLOUR:**
email:	**REGISTRATION:**

Signature of Parent/Guardian if driver under 18	**NAME/TEL of PARENT/GUARDIAN PLEASE**
	……
Date……	**Driver's date of birth……..**