OFFICIAL AMERICAN SIGHTHOUND FIELD ASSOCIATION LCI ENTRY FORM

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Fee Paid _____ The Field Secretary cannot accept conditional, unsigned, incomplete or unpaid entries: please check your completed entry carefully.

Breed:	Call Name:					
Registered Name of dog:						
Stake: LCI-Small Open	-	5				
Registration Number: (please write in registering body before number)						
Date of Birth:		Sex:	□ Bitch			
Name of actual owner(s):						
Address:		Phone:	Phone:			
City:		State:	Zip:			
E-mail		(Optional) Regio	(Optional) Region of Residence:			
Emergency Contact Name and Phone (Optional)						
Check if this is a first-time entry, a copy of the official Registration of this hound must accompany this entry. (i.e., AKC Registration form, PAL registration, Canine Partner, etc.)						
Check if any information has changed since the last ASFA trial entry. Regarding						

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 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 ony 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.

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	Call Name:		

Stake:	LCI-Small	LCI-Large	LCI-Sighthound Mix
	🗆 Open	□ Senior	□ Veteran

Fee Paid

Registered Name of dog:

Breed:

Registration Number: (please write in registering body before number)

Date of	Sex:			
Birth:	🗆 Dog	Bitch		
Name of actual owner(s):				
Address:	Phone:			
City:	State:	Zip:		
E-mail	(Optional) Region of Residence:			
Emergency Contact Name and Phone (Optional)				
□ Check if this is a first-time entry, a copy of the official Registration of this hound must accompany this entry. (i.e., AKC Registration form, PAL registration, Canine Partner, etc.)				

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