

Please complete all fields within this form based on personal, dog, handler and team information and event details found on the event specific, information page.

<http://www.dockdogs.com>



Event Name: \_\_\_\_\_  
Event Dates: \_\_\_\_\_  
City , State: \_\_\_\_\_

### **REGISTRATION FORM**

*\*\*Form must be filled out COMPLETELY to be accepted. Any form that is missing information, including payment information, will not be processed. Fax completed form to 330-241-4976*

**ALL FIELDS MUST BE FILLED OUT OR YOUR REGISTRATION FORM IS INCOMPLETE**

*\*\* Only ONE DOG and ONE HANDLER per Registration Form  
\*\* Include an email address in order for us to send you a registration confirmation*

#### **HANDLER INFORMATION**

Handler Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ 7-15 yrs. old?:  (Youth Handler)  
(mm/dd/yy)

#### **DOG INFORMATION**

Registered Name: \_\_\_\_\_  
Call Name: \_\_\_\_\_  
DockDogs Title(s): BA: \_\_\_\_\_  
(if none, put NONE) EV: \_\_\_\_\_  
SR: \_\_\_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
If dog is a mixed breed put "Mixed Breed" and description.)  
Sex: \_\_\_\_\_ Dog's Date of Birth: \_\_\_\_\_  
(if unknown, estimate)

#### **REGISTRATION INFORMATION**

*\* refer to event info page for wave fees  
\*\* fill in Wave names from event info page. Wave availability based on maximum available pre-registration spots and current registrations. You will be notified if a requested wave is either full or no longer available. YOU SHOULD ONLY CONSIDER YOURSELF REGISTERED WHEN YOU RECEIVE AN EMAIL CONFIRMATION.*

Wave: \_\_\_\_\_ Wave: \_\_\_\_\_ Wave: \_\_\_\_\_  
Wave: \_\_\_\_\_ Wave: \_\_\_\_\_ Wave: \_\_\_\_\_  
Wave: \_\_\_\_\_ Wave: \_\_\_\_\_ Wave: \_\_\_\_\_  
Wave: \_\_\_\_\_ Wave: \_\_\_\_\_ Wave: \_\_\_\_\_  
Wave: \_\_\_\_\_ Wave: \_\_\_\_\_ Wave: \_\_\_\_\_

#### **PAYMENT INFORMATION**

*\*\* DockDogs accepts Visa, MasterCard, American Express and Discover.  
\*\* Pre-payment is REQUIRED to process your Registration*

Credit Card No.: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Authorization No. †: \_\_\_\_\_  
† three digit number on back of card (or four digit number on front if American Express)  
Name on Card: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
Signature: \_\_\_\_\_