

ALASKAN MALAMUTE CLUB OF AMERICA, INC.
WORKING PACK DOG CERTIFICATION APPLICATION FORM

Owner's Name: _____ AMCA Member: [] Yes [] No

Phone: _____ Email: _____

Address: _____ City: _____ State: _____ ZIP: _____

Location of Event: _____ Date: _____

Club Outing: [] Yes [] No If "Yes," Event Managing Organization/Club: _____

Dog's Registered Name: _____ Registration #: _____

To assist in the Working ROM program:

Sire's Registered Name: _____ Registration # (if known): _____

Dam's Registered Name: _____ Registration # (if known): _____

Dog's Weight at Event: _____ Weight Carried in Pack (weight must be verified by witness): _____

Start Date: _____ Time: _____ Location: _____

Witness's Signature Out: _____ Phone: _____

Participating Witness Name (print): _____ Title: _____

Address: _____ City: _____ State: _____ ZIP: _____

Destination: _____ Mileage to Destination: _____

Finish Date: _____ Time: _____ Location: _____

Witness's Signature In: _____ Phone: _____

If different than above:

Participating Witness Name (print): _____ Title: _____

Address: _____ City: _____ State: _____ ZIP: _____

Total Mileage Covered: _____ Summary of Trail Conditions, Terrain, Weather, Etc.: _____

Contents of Dog's Pack: _____

NOTE: All portions of form must be completed or it will be returned. Feel free to include photos or maps or to go into more detail than this space allows.

ALL NECESSARY FORMS MUST BE SENT WITH THE FOLLOWING APPLICATION FEES:

- AMCA Members: \$8 for first application; \$5 for each additional application sent at the same time
- Non-AMCA Members: \$16 for first application; \$10 for each additional application sent at the same time

Mail WPD Applications To:

Sue Fuller
26 Malamute Road
Twisp, WA 98856

Mail/Fax WPD Applications To:

Nancy Russell
601 Big Horn Drive
Walsenburg, CO 81089-9494
Fax 719-738-1377