

ALASKAN MALAMUTE CLUB OF AMERICA, INC.
WORKING SLED DOG CERTIFICATION APPLICATION FORM (EXCURSION)

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

Phone: _____ Email: _____

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

Location of Event: _____ Date: _____

To be completed by Impartial Witness

I hereby certify that the above named dog(s) was(were) entered in and did complete all events as listed on this form.

Witness Name (please print): _____ Signature: _____

Phone: _____ Email: _____

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

I/We apply for certification for the following dog(s) (list may be continued on back of form):

Dog's Registered Name: _____ Registration #: _____

Position on Team: _____ [] Lead Dog Leg [] Team Dog Leg

To assist in the Working ROM program:

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

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

EXCURSION

Start Time: _____ **Finish** Time: _____ Number of Dogs on Team: _____

Type of Equipment Used (sled, cart, ATV, etc): _____ If ATV, was throttle used? [] Yes [] No

Summary of Trip: Terrain, Hazards Encountered on the Trail, General Trail Conditions, Etc.: _____

For WDX App. Only: Daily Mileage: _____ Number of Overnights: _____

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 WTD/WLD Applications To:

Sue Fuller
26 Malamute Road
Twisp, WA 98856

Mail/Fax WTDX/WLDX Applications To:

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