

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

Owner's Name: _____ AMCA Member: Yes No

Phone: _____ Email: _____

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

Location of Event: _____ Date: _____

Event Managing Organization/Club: _____ ISDRA Affiliate: Yes No

Secretary's Name: _____ Email: _____

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

To be completed by Event Official

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

Name (please print): _____ Signature: _____

Date: _____ Title: Marshall Judge Timer Witness

Phone: _____ Email: _____

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

ISDRA Rules Used: Yes No If "No," have rules been submitted to the Working Dog Committee for approval (if "No," please include a copy of the rules)? Yes No

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): _____

RACING

Race Class: _____ Number of Dogs on Team: _____

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

Heat/Day	Distance	Your Time	Winning Time	Your Finish Position	# Teams Starting/Finishing
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Weight carried for freight racing, excluding sled and driver: _____

Summary of Trail Conditions: Snow Conditions, Topography, Weather, Etc.: _____

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