

**UNITED STATES POLICE CANINE ASSOCIATION
REGION 4 POLICE DOG I FIELD TRIALS
WORCESTER, MA JUNE 14 – 16 2010**

Name _____ Title _____

Full Address _____

Department _____ Dept Phone _____

K-9 Name _____ Breed _____ Age _____

Region # _____ CLASS: OPEN _____ NOVICE _____

REGION 4 RULES REQUIRE THE FOLLOWING BE SIGNED BY YOUR SUPERVISOR:

_____, is employed full time by the _____ police dept
and his/her duties are that of a full time K-9 handler with K-9 _____.

Signature _____ Title _____

Print Name _____ Date _____

LIABILITY AGREEMENT

I hereby waive, release and forever discharge the United States Police Canine Association; U.S.P.C.A. Region 4; the City of Worcester, Mass., and any and all of their respective agents; members; guests or employees from any physical or mental injury to either myself or my canine, during the PD 1 Field Trials held on June 14th thru June 16th 2010.

I further accept and assume all responsibility and liability for any and all damages or injuries either caused by or received by myself and my canine to any and all persons or properties while in Worcester, Mass.

I have read and fully understand and accept all the terms and conditions of this agreement, and further agree to abide by all the U.S.P.C.A. rules and regulations pertaining to the PD 1 Field Trials.

Signed _____ Date _____

REGISTRATION DEADLINE 4/15

FEES: \$50, prior to 2/15; \$65 after 2/16; \$75 after 3/15

YOUR COMPETITORS NUMBER IS ASSIGNED AS I RECEIVE THEM.

RETURN COMPLETED FORM TO: Jim Winn 117 Great Western Rd Harwich, Ma 02645

Please indicate the number of people, including yourself, who will be attending the hospitality night.
_____ adults _____ children.

REGION USE ONLY

REC'D _____ CHECK # _____ \$ _____ COMP # _____

Treasurer _____