

EWPAS Entry Form

Handler's Name : _____

Entry fee (€) : _____

Address: _____

City: _____

State/Country: _____

Phone: _____

Email: _____

My dog is at least 12 months, microchipped or tattooed no showing injury or weakness. Females in heat, pregnant or lactating are not allowed to compete. I agree that the EWPAS and the organizer of this event are not responsible for any injury or damage. I have read and understand the EWPAS Rules and I agree to be responsible for myself and my dog during the event.

Signature: _____ Date: _____

Dog's Name: _____

Weight (Kg): _____ Breed : _____

Dog's Name: _____

Weight (Kg): _____ Breed : _____

Dog's Name: _____

Weight (Kg): _____ Breed : _____