Event _____ **Date** _____

ALL DOGS :

- MUST BE AT LEAST 1 YEAR OLD
- MUST BE EQUIPPED WITH A PROPER WEIGHT PULL HARNESS
- MUST NOT BE IN HEAT
- MUST NOT BE PREGNANT
- MUST BE IN GOOD HEALTH
- MUST BE CURRENT ON ALL VACCINATIONS

The Board of Directors of the TSAMC or the management of the hosting facility has the right at any time before or during any event to terminate said event in cases of dangerous weather conditions or any other extenuating circumstance which would interfere with running a safe event. No refund of entry fees will be issued. Weight pull results will be official as of the time of termination.

I agree to be responsible for my conduct, that of my helpers, and my dogs. I understand that ***ANY*** unsportsmanlike behavior will ***NOT*** be tolerated and ***could result in my disqualification and the withdrawal of any trophies and prize money I might have or did receive for this event and entry fees WILL NOT be refunded.*** *I also understand that because of this conduct, the sponsoring club or management host has the right to limit my future participation in any event held by them.* I shall not hold the sponsors, the sponsoring club(s), or landowners liable for any injury or accident which may occur during this event.

I have read and understand the rules governing this event. I understand that any questions I have will be answered before the pull begins and that any protest of the rules during the event may be grounds for disqualification. Copies of the rules have been available at the time of registration.

I agree to participate under the rules governing this event and shall abide by any official decisions made.

My signature authorizes officials to test my dogs for drugs as described by the TSAMC.

My signature on this form is proof that the information I have provided is accurate and that I agree to the terms of the above statements and with the rules governing the TSAMC.

Handler's Signature _____ Date_____

Handler's Name _____ Phone # _____

Address _____ City/State/Zip _____

E-mail Address: _____ I would like club membership info **YES NO**

REG	NOV	DOG'S NAME	AGE	SEX	BREED

_____ ==== TOTAL # REG CLASS @ $_____ TOTAL $_____

==== _____ TOTAL # NOV CLASS @ $_____ TOTAL $_____

GRAND TOTAL $_____

PAID
CASH CHECK#

MAKE CHECKS PAYABLE TO TRI-STATE ALASKAN MALAMUTE CLUB (TSAMC)