

Working Pack Hike Event Handler Entry Form



____ Day Hike 11/1/20 ____ Back-to-Back Hike 11/1-11/2/20

Registered Name			
AKC Registration #		DOB:	Call Name:
Sire's Registered Name			
Dam's Registered Name			
Names of Owners			
Address of Owner			
Name of Handler			
(if different from owner)			
Location of Pack Event	A.H. Stephens State Park Crawfordville, GA		Entry Fee: \$15 Back-to-Back \$12 Day Hike
Description of Hike	Back-to-Hike (8 miles	x 2 Days) D	ay Hike (10 miles x 1 Day)
Weight of Dog:	Weight Carried:	Percent Carried:	Title:
full responsibility for the	•	n of both dog and hum	of registered dog accepts nan participant. The Greater es occurred to either dog or
I certify that I have comp specified in the GSMDCA		uisite 6 mile training hi	ke with full pack weight as
Signature of Owner/ Han	dler:		
For Pack Event Coordina	tor only	Co-Coordin	ator: Melissa Jarriel
Name: Jan Clifford		Address:	1717 Dibble Road SW
Address: 115 Dug H	ill Road, Landrum, SC 2935	6	Aiken, SC 29801
E-mail: cliff36@ac	ol.com	E-mail:	mhjarriel@yahoo.com
Signature:			

First and foremost hikes are to be conducted with the safely and well-being of the GSMDs and handlers in mind. The Hike Coordinator is authorized to make any necessary decision, including disqualification, to protect the safety and well-being of the GSMDs and handlers.

Handlers — Please keep this form until you have the required number of legs for a title. This form is proof that you successfully completed a leg. When you have completed the required number of legs for a title, please submit them to the Working Titles Chair:

Annette LaPlante 1030 Rector St NE Sparta, MI 49345; malaplante@mail.com