



Join us for the
DOG FUN SHOW
On
Saturday June, 23
At
NE Washington
Fairgrounds

*Registration opens at
8:30am. Show starts
9:00am

The Panorama 4-Paws 4-H Club

Presents

DOG FUN SHOW

Open to all 4-H Dog Member

Saturday, June 23, 2018

NE Washington Fairgrounds
317 W Astor, Colville, WA 99114



**Awards will be presented at completion
of each event.**

*All class descriptions and rules will follow the
Washington State 4-H Dog Show Rules.

****Bring your Lunch, Lawn Chairs.

Drinks will be provided. ****

Entries are due by June 18, 2018

*Club members may hand in entry forms at the beginning of practice.

*Mail completed entry form and copy of vaccination records to:

Dog Fun Show
Attn: Denna Balcom
815 W Old Kettle Rd
Kettle Falls, WA 99141

Questions? Denna-509-675-0815 or Jody 509-675-0819

EXHIBITOR # _____

Panorama 4-Paws 4-H Club Dog Fun Show

Saturday June 23, 2018
NE Washington Fairgrounds, Colville WA

Registration Opens at 8:30 am. Show starts at 9:00am
Please complete one form for each Dog and Handler Team

**EARLY REGISTRATION IS PREFERRED AS IT WILL ALLOW FOR PLANNING THE DAY'S
EVENTS. JUNE 18, 2018**

Participant's Name: _____

Address: _____ County: _____

Phone: _____ Email: _____

Dog's name: (Complete and entry form per dog) _____

Breed: _____ Jump Height: _____

include a copy of vaccination records or bring to show for verification **Verified _____**

Circle classes to be entered.
Class description & rules follow the Washington State 4-H Dog Show.

<u>Agility Standard:</u>	<u>Agility-Jumpers:</u>	<u>Obedience:</u>	<u>Showmanship:</u>
Elementary-Beginner	Elementary-Beginner- On leash-not timed	1 st year beginning	Cloverbud
Elementary-Standard		Beginner novice	Junior
Pre-Novice	Elementary-Standard-Off leash-not timed	Pre-novice	Intermediate
Novice	Pre-Novice-off leash-not timed	Sub-novice	Senior
Open	Novice	Novice	Open
Adult-Open	Open	Advanced-Novice	Open-adult
	Adult-Open		

Washington State 4-H No-Fault Form and Parental Consent and Release Form:

Parents:

____ As parents/guardian of the above individual, I permit the individual to participate in 4-H forever discharge claims for damages which the above listed individual, their heirs, executors, and administrators may have or accrue against Washington State Extension, their representative, agents and accompanying 4-H sponsored activities.

____ I also approve of emergency care for the above individual, under that direction of the event leader or counseling doctor, even in I can't be contacted.

I have read, and understand and agree to the above initialed statements, and do sign this agreement of my own free will.

Print name: _____ Signature: _____ Date: _____