******British GSD Training Club &**

**Midland Region GSD Group**

**WUSV/GSDL-BRG “**REGIONAL EVENT**”**
(based on WUSV rules & regulations)

**Saturday 7th & Sunday 8th October 2023**

**Ellistown Football Club, 1 Terrace Road, Ellistown, Coalville, Leicestershire, LE67 1GD.**

ENTRIES CLOSE **Friday 21st September 2023** (postmark)

|  |  |  |
| --- | --- | --- |
|  | **BGSDTC** | **MRGSDG** |
| Entry per dog @ £16.00 | £ | £ |
| Members per dog **(BGSDTC or MRGSDG Club member)** @ £15.00  | £ | £ |
| 3 Dogs or more\* @ £45.00 | £ | £ |
| Members 3 Dogs or more\* **(BGSDTC or MRGSDG Club member)** @ £40.00  | £ | £ |
| Junior Handling FREE | £ | £ |
| Adverts @ £25 per full colour page |  | **£** |
| Class Sponsorship @ £25 per class | £ | £ |
| Donations gratefully received.  | £ | £ |
| Catalogues @ £5.00 (£6.00 on day) |  | £ |
| Camping @ £10.00 per nightNo of nights \_\_\_\_\_\_\_\_\_\_\_\_\_ per tent. \_\_\_\_\_\_\_\_\_ | £ |
| **TOTAL Payable separately to each club** |  **BGSDTC****£** | **MRGSDC****£** |

 \* For multiple entries exhibits must have at least 50% common ownership

Please make cheques and postal orders payable to the relevant club

**British GSD Training Club & Midland Region GSD Group**

Payment can be made direct into the relevant bank account:

**British GSD Training Club, Sort code 20-50-82, Account No. 20220493**

**Midland Region GSD Group, Sort code 20-81-00, Account No. 73070409**

***Please put the surname of the first named owner as reference on the payment.***

|  |  |
| --- | --- |
| **Junior Handler's Name** | **Age** |
|  |  |

Declaration: I/we agree to be bound by the rules and regulations set out by the WUSV/GSDL-British Regional Group on those advised by the WUSV. I/we confirm authorisation to enter the above event and for the data herewith to be stored by the organisation for the purpose of running the event. I/we confirm that the dog /dog(s) entered have been free of disease for the preceding 21 days. I/We believe to the best of my/our knowledge that the dog(s) are not disqualified under the Kennel Club, SV/WUSV or FCI Rules & regulations.

I/we declare to the best of my knowledge that the above details are true and accurate.

*Signature of* owner(s)...........................................................................Date.....................

**In the case of Joint Ownership, the names of every owner must be given.**

|  |  |  |
| --- | --- | --- |
| **Name(s)** |  | (Mr/Mrs/Miss/Ms) |
| **Address** |  |  |
| **Post Code** |  | **Telephone** |  | **E-Mail** |  |

Please tick here if you DO NOT wish your details printed in the catalogue [ ]

Please note that all entry details will be held electronically and may be shared with other members of the WUSV/GSDL-BRG

**All Entries and fees must be sent to:**

**Paul Cassidy. 07708754447.** **pcassidy@sky.com****. 719 London Road, Coventry, CV3 4EX.**

|  |
| --- |
| **Please list below the names of the dogs you are entering in the show and check that you have included a data form for each dog** |
| **BGSDTC** |  |  |  |
| **MRGSDG** |  |  |  |

**GSDL – BRG Regional Show Exhibit Data Form**

Top Tip – Why not save a completed form for each of your dogs and use it for future shows?

**Please take care to ensure that id numbers are correct, if they cannot be proven you cannot compete.**

|  |  |  |
| --- | --- | --- |
|  | Registered Name |  |
| ***Secretary’s use only*** | Delete as Appropriate | Both Days.Saturday Only. Sunday Only. |
| ***Exhibit No :*** | Micro-chip Number |  |
|  | Registration Number | KC / SV / Other (specify)………… |
|  | Date of Birth |  |
|  | Sex | Male / Female |
| **Breeder :** | Name |  |
|  | Address |  |
| **SIRE :** | Name of Sire |  |
|  | Sire Registration No | KC / SV / Other (specify)………… |
| **DAM :** | Name of Dam |  |
|  | Dam Registration No | KC / SV / Other (specify)………… |
|  | Class Number & Name |  |
|  | Coat Type  | Standard Coat / Long Coat |
| **Health Testing:** | GSDL Health Certificate No *or* Breed Survey Class |  |
|  | Breed Surveyor |  |
| *See schedule for* | Breed Survey Date |  |
| *class requirements* | Hip Score / Grade |  |
|  | Elbow Score / Grade |  |
| *If obtained* | Haemophilia Clear | Yes / No |
| **Working Qualificiations :** | Koerung  | KKL / KKL LBZ |
| Compulsory for | Koerung Date |  |
| Working Class only | Working Qualification |  |