



PSA Midwest Regionals 2017 Registration

September 9th & 10th 4150 State Route 123, Franklin, Ohio 45005

Handler Name: _____ Dog Name: _____

Address: _____ Phone: _____

_____ Email: _____

Dog Age: _____

Titles you have achieved with your dog: _____

Owner trained: Y N

PSA member number: _____ Club Name: _____

Level in which you will be competing (please circle):

Day 1 (Club trial) Day 2 (Regional competition)

PDC \$55 PDC \$55

PSA1 \$65 PSA1 \$65

PSA2 \$65 PSA2 \$65

PSA3 \$65 PSA3 \$65

Please submit payment on Paypal account : lilbudha57@hotmail.com

It is understood that every dog at this event will at all times be in the care and control of the dog's handler. It is further understood that the undersigned agrees to be fully responsible of the actions of his/her dog(s) while at this event. I agree to hold Southern Ohio Protections Sports, PSA, as well as their members and officers and directors and all property owners HARMLESS for loss or injury which may have allegedly been caused directly or indirectly to any person or thing by any act of my dog(s) while on the show premises. I hereby assume all responsibility and liability for such claims. I further relinquish all claims and agree to hold these host clubs, their parent organizations, their members, officers, and directors and all property owners HARMLESS for loss and injury which may have allegedly been caused directly or indirectly to myself or my dogs(s) during participation in this event.

Signature of Owner/Handler: _____ Date _____