

DEBBIE VERDON  
LOUISIANA KENNEL CLUB  
129 CAMELOT DRIVE  
SLIDELL, LA 70460

## **PREMIUM LIST**

PRE-ENTRIES WILL CLOSE  
6:00 PM, WEDNESDAY,  
NOVEMBER 1, 2006 AT  
129 CAMELOT DRIVE,  
SLIDELL, LOUISIANA 70460

## *Louisiana Kennel Club*

All Breed Lure Coursing Test & Trial  
Licensed by the American Kennel Club  
EVENT NO. 2006023309 & 2006023310

**SATURDAY, NOVEMBER 4, 2006—TEST & TRIAL**  
**SUNDAY, NOVEMBER 5, 2006—TEST & TRIAL**

## **INNISFREE POLO FARM HIGHWAY 40 FOLSOM, LA**

JC Test Entry Fee: \$20.00  
Trial Entry Fee: Pre-entries \$16.00 per dog  
Day of Trial—\$20.00 for all entries

Test/Trial Hours: 8:30 AM until completion  
Gate Entries for JC test close at 8:30 AM—Roll Call Follows  
Trial Entries close 15 Minutes after completion of JC Test—Roll Call Follows

NOTE: INSPECTION FOR FIELD COMMITTEE MEMBERS WILL BE 30  
MINUTES PRIOR TO START OF REGULAR INSPECTION TIME  
OF 7:30 A.M.

**This club does not agree to arbitrate claims as set forth  
on the Official AKC entry form for this event.**



Permission has been granted by the American Kennel Club for  
the holding of this event under American Kennel Club Rules and Regulations.

**LOUISIANA KENNEL CLUB, INC.**

## OFFICERS

|                  |                |                 |                |
|------------------|----------------|-----------------|----------------|
| President:       | Lorraine Bisso | Vice President: | Deborah Verdon |
| Corr. Secretary: | Jody Lejeune   | Treasurer:      | Patty Sosa     |
| Rec. Secretary:  | Luis F. Sosa   |                 |                |

## BOARD OF DIRECTORS

Deborah Bahm, Debra “Pepi” Guidry, Marlane Mayo, Mary Lee Oliphant, Ann Schwartz

## FIELD COMMITTEE

|                  |                                                                        |
|------------------|------------------------------------------------------------------------|
| Field Chairman:  | Deborah Bahm<br>23456 Chat Blanc Rd., Bush, LA 70431 (985-871-0554)    |
| Field Secretary: | Deborah Verdon<br>129 Camelot Drive., Slidell, LA 70460 (985-641-0383) |
| Hunt Master:     | Terry Mayers                                                           |
| Paddock Master:  | Michelle Ray, Celeste Broussard                                        |
| Lure Operators:  | Maurice Bahm, Van Cullen, Ronnie Blackstock                            |
| Field Clerk:     | Jody Lejeune, Celie Crochet                                            |
| Inspection:      | Michelle Ray, Terry Meyers, Deborah Bahm                               |

## JUDGES & ASSIGNMENTS

|                  |                                        |
|------------------|----------------------------------------|
| Rita M. Linck    | 7737 Norman Ave., Ft. Worth, TX 76116  |
| Elaine McMichael | 2848 Alpin Rd., Crestview, FL 32539    |
| Sandra Moore     | 707 Moore Cove Road, Quebeck, TN 38579 |

## JUDGING ASSIGNMENTS

(\*JC Tests—All Breed)

Due to unknown circumstances, Committee Members may be substituted as necessary. Pre-entry Information: All Trial entry forms with payment must be received by the deadline date of Wednesday, November 1, 2006 to receive the lower fee. No refunds of entry fees will be given, all pre-entries are non-refundable. Changes will be accepted after the deadline on pre-entries—only to substitute same breed dogs for lameness or in-season bitches.

**Mail Entries to:**

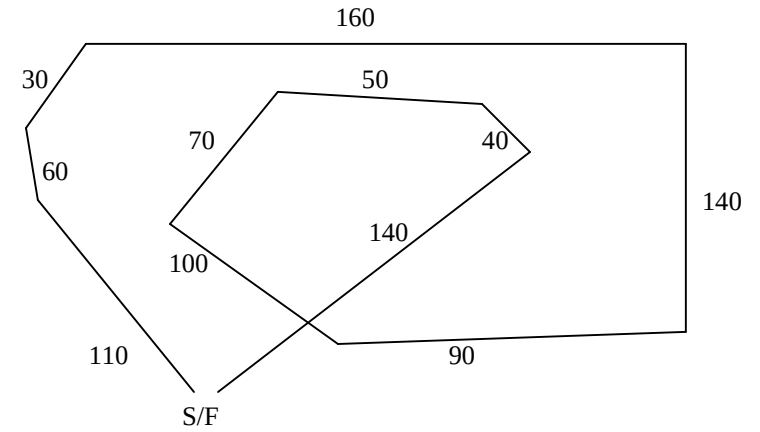
**Deborah Y. Verdon, 129 Camelot Dr., Slidell, LA 70460**  
**Please make check payable to Louisiana Kennel Club**

[illegible]

The Louisiana Kennel Club, Inc. reserves the right to alter the course plan(s) as required by weather and/or field conditions on the day(s) of the trial.

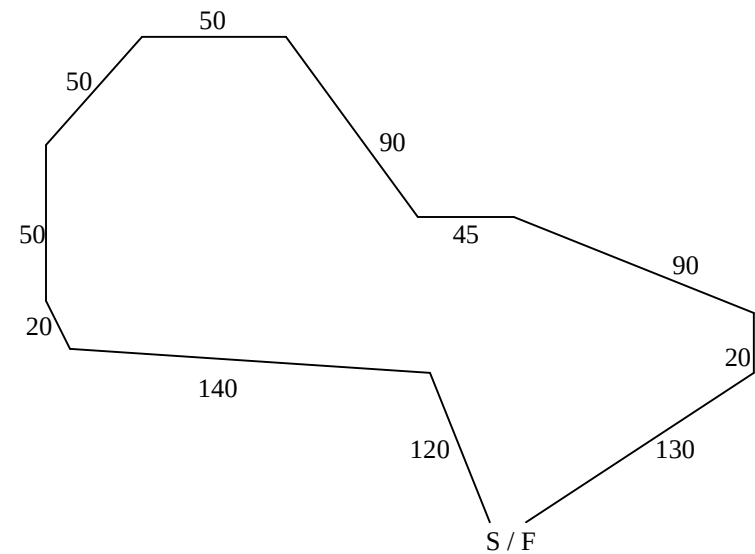
SATURDAY, NOVEMBER 4, 2006

COURSE PLAN—SATURDAY  
TOTAL LENGTH—990 YARDS



SUNDAY, NOVEMBER 5, 2006

COURSE PLAN—SUNDAY  
TOTAL LENGTH—805 YARDS



**DIRECTIONS TO SITE**  
**Innisfree Polo Farm, Hwy. 40, Folsom, Louisiana**

From I-12 East or West—Take Exit 63B Covington to Hwy. 190 going toward Covington, cross over the overpass and follow signs to Folsom, Louisiana (Hwy. 25). Stay on Hwy. 25 until you reach Hwy. 40 East (red light) turn right, go .06 mile, turn right on Peterson Road. Go to second gate, turn left to enter field. Parking is on both sides of Peterson Road.

**NEAREST VETERINARY CLINIC**  
**Dr. Deborah Mutterer**  
**Louisiana Veterinarian Referral Center**  
**2611 Florida St., Mandeville, LA 985-626-4862**

Direction to the Veterinary Referral Center: Turn South on LA. 25/LA. 40. Turn right on La. 437/N. Lee Rd. Turn left on Hwy. 190 and take Hwy. 190 East in Mandeville and clinic will be on the left in the Magnolia Shopping Center.

**NEAREST HOSPITAL**  
**St. Tammany Parish Hospital**  
**1202 S. Tyler St.**  
**Covington, LA 985-898-4000**

Directions to St. Tammany Parish Hospital: Turn South on LA. 25/LA 40. Turn right on La. 437/N. Lee Rd./W. 30th Avenue. Continue to follow LA. 437/W. 30th Avenue, turn left onto N. Columbia St. and right onto N. Jefferson St., N. Jefferson Avenue.

**MOTELS THAT WILL ACCEPT DOGS**

LaQuinta, I-12 & Hwy 21, Covington, LA 985-871-0356 (closest to trial site)  
LaQuinta, 794 E I-10 Service Rd., Slidell, LA 985-643-9770  
Best Western, I-12 & Exit 40, Ponchatoula, LA 985-419-2001  
Colonial Inn, I-12 & Exit 41, Hammond, LA 985-345-2953

**CAMPGROUNDS THAT WILL ACCEPT DOGS**

Tchefuncte Family Campgrounds, Folsom, LA-Toll Free No. 866-796-3654  
Website: [www.tchefunctecampground.com](http://www.tchefunctecampground.com)  
Land-O-Pines Campground, Covington, LA-Toll Free No. 800-443-3697  
Website: [www.landopines.com](http://www.landopines.com)

We encourage everyone to keep their motel room and campgrounds and surrounding areas clean in order that we can use these locations for the events we have in our area throughout the year. Please do not leave dog unattended in the motel rooms or at the campgrounds.

**OFFICIAL AMERICAN KENNEL CLUB LURE COURSING ENTRY FORM**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                                                                             |                                              |
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| Club:<br>Louisiana Kennel Club                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | Date(s):<br>11/05/06                                                                        | Event #:                                     |
| Location:<br>Folsom, LA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     | Event type (test or trial):<br><input type="checkbox"/> Test <input type="checkbox"/> Trial |                                              |
| Stakes:<br><input type="checkbox"/> JC <input type="checkbox"/> Open <input type="checkbox"/> Special <input type="checkbox"/> Veteran                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     | Breed:                                                                                      | I enclose entry fees<br>in the amount of: \$ |
| Breeder:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Registration No:                    | Sex:                                                                                        | Date of Birth:                               |
| Call Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | AKC No.<br><input type="checkbox"/> | AKC Litter No.<br><input type="checkbox"/>                                                  | ILP No.<br><input type="checkbox"/>          |
| Full Name of Dog:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                             |                                              |
| Sire:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                             |                                              |
| Dam:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                                                                             |                                              |
| Actual Owner(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                                                                             |                                              |
| Owner's Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                                                                             |                                              |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     | State:                                                                                      | Zip:                                         |
| Name of Owner's Agent/Handler (if any) at Trial:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                                                                             |                                              |
| <input type="checkbox"/> Please Separate My Entries.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     | <input type="checkbox"/> Hound Dismissed Within the Last 6 Trials.                          |                                              |
| AKC Rules, Regulations, Policies and Guidelines are available on the American Kennel Club website: <a href="http://www.akc.org">www.akc.org</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                                                                             |                                              |
| <b>AGREEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                                                                             |                                              |
| I certify that I am the actual owner of the dog, or that I am the duly authorized agent of the actual owner whose name I have entered above. In consideration of the acceptance of this entry, I (we) agree to abide by the rules and regulations of The American Kennel Club in effect at the time of this event, and any additional rules and regulations appearing in the premium list of this event and entry form and any decision made in accord with them. I (we) agree that the club holding this event has the right to refuse this entry for cause which the club shall deem sufficient. In consideration of the acceptance of this entry and of the holding of this event and of the opportunity to have the dog judged and to win prizes, ribbons, or trophies, I (we) agree to hold the AKC, the event-giving club, their members, directors, governors, officers, agents, superintendents or event secretary and the owner and/or lessor of the premises and any provider of services that are necessary to hold this event and any employees or volunteers of the aforementioned parties, and any AKC approved judge, judging at this event, harmless from any claim for loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of this dog while in or about the event premises or grounds or near any entrance thereto, and I (we) personally assume all responsibility and liability for any such claim; and I (we) further agree to hold the aforementioned parties harmless from any claim for loss, injury or damage to this dog. Additionally, I (we) hereby assume the sole responsibility for and agree to indemnify, defend and save the aforementioned parties harmless from any and all loss and expense (including legal fees) by reason of the liability imposed by law upon any of the aforementioned parties for damage because of bodily injuries, including death at any time resulting therefrom, sustained by any person or persons, including myself (ourselves), or on account of damage to property, arising out of or in consequence of my (our) participation in this event, however such, injuries, death or property damage may be caused, and whether or not the same may have been caused or may be alleged to have been caused by the negligence of the aforementioned parties or any of their employees, agents, or any other persons. I (WE) AGREE THAT ANY CAUSE OF ACTION, CONTROVERSY OR CLAIM ARISING OUT OF OR RELATED TO THE ENTRY, EXHIBITION OR ATTENDANCE AT THE EVENT BETWEEN THE AKC AND THE EVENT-GIVING CLUB (UNLESS OTHERWISE STATED IN ITS PREMIUM LIST) AND MYSELF (OURSELVES) OR AS TO THE CONSTRUCTION, INTERPRETATION AND EFFECT OF THIS AGREEMENT SHALL BE SETTLED BY ARBITRATION PURSUANT TO THE APPLICABLE RULES OF THE AMERICAN ARBITRATION ASSOCIATION. HOWEVER, PRIOR TO ARBITRATION ALL APPLICABLE AKC BYLAWS, RULES, REGULATIONS AND PROCEDURES MUST FIRST BE FOLLOWED AS SET FORTH IN THE AKC CHARTER AND BYLAWS, RULES, REGULATIONS, PUBLISHED POLICIES AND GUIDELINES. |                                     |                                                                                             |                                              |
| Signature of owner or his<br>agent duly authorized to make this entry: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                             |                                              |
| Tel:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     | Email:                                                                                      |                                              |

## **STAKES OFFERED**

**Junior Courser Test**— Hounds must be one year of age or older. Hounds that pass their JC test should be practiced with other hounds before being entered in Open Stake to ensure absence of aggression on the field.

**Open Stake**— Open to all hounds of an eligible breed that have obtained one or more of the following: AKC Junior Courser title, ASFA Field Champion title, CKC Field Champion title, AKC Field Champion title.

**Veteran Stake**—Any eligible sighthound that has met certification requirements whose age exceeds six years, except Irish Wolfhounds whose age shall exceed five years.

**Special Stake**— Open to all hounds that are eligible to enter the Open Stake and have earned their AKC Field Championship title. No championship points are awarded from this stake. Hounds that are disqualified from AKC, ASFA or CKC Field Trials may not be entered.

## **BEST IN FIELD WILL BE OFFERED.**

All hounds will run twice, in twos if possible or braces unless excused, dismissed or disqualified. Bitches in Season and lame hounds will be excused. Hounds not present at the time of roll call will be scratched after a five-minute (5) grace period. Each entry will be examined at inspection for breed disqualifications. Spayed or neutered hounds without breed disqualifications may be entered. Battery powered, continuous loop lure machines will be used. The lure will consist of white plastic strips. Backup equipment will be available.

The course will be reversed for finals, runoff, Best of Breed and Best in Field. Italian Greyhounds are not eligible to run for Best in Field.

## **RULES & INFORMATION**

All hounds will be checked for breed disqualifications. Altered or neutered hounds may compete. Monorchid and cryptorchid hounds are NOT eligible to compete. Bitches in season and lame hounds will be excused. Hounds not present at the time of roll call will be scratched. Muzzles are not required; it is the owner's responsibility to determine if their hound should be muzzled.

All hounds will be checked for breed disqualifications.

All entries must be one year of age or over on the day of the trial.

Only in season or lame dogs at time of inspection pre-entries will be refunded.

Bitches in season will not be allowed to run.

Hounds with breed disqualifications and lame hounds will be excused.

Hounds not present at roll call will be scratched.

Spayed or neutered hounds may be entered.

Muzzles are not required. It is the responsibility of the owner to determine if their hound needs to be muzzled.

Lure machine is battery powered, continuous loop. Backup equipment is available.

The field is NOT fully fenced.

A fee of \$20.00 will be assessed for any returned checks.

There will be a \$5.00 fine for any loose hound on the field that is not part of the course in progress.

Persons exhibiting conduct detrimental to AKC/LKC/any hound(s) / other person(s) will be asked to leave the trial site.

## **PLEASE FILL OUT AN ENTRY FORM FOR EACH DAY FOR EACH HOUND.**

### ELIGIBLE BREEDS & REGISTRY

Only purebred Afghan Hounds, Basenjis, Borzois, Greyhounds, Ibizan Hounds, Irish Wolfhounds, Italian Greyhounds, Pharaoh Hounds, Rhodesian Ridgebacks, Salukis, Scottish Deerhounds, Sloughis and Whippets that are one year of age or older, that have been registered with the American Kennel Club, or part of an AKC-registered litter, or otherwise, if whelped outside of the United States of America and owned by a resident of the USA, or of a country with a foreign registry organization whose pedigrees are acceptable for AKC registration and is registered with that registry, or that have been granted an Indefinite Listing Privilege (ILP), are eligible to participate in lure coursing tests and trials and be awarded the prefix title of Field Champion and the suffix titles of Junior Courser, Senior Courser or Master Courser. Note: Italian Greyhounds are no eligible to compete for Best in Field.

### SECTION 3. ELIGIBILITY OF SIGHTHOUNDS

Sloughis 1 year of age or older, that have been recorded with the Foundation Stock Service (FSS), or that have been granted an Indefinite Listing Privilege (ILP) are eligible to enter in Lure Coursing Tests. Sloughis 1 year of age or older, that have been recorded with the Foundation Stock Service (FSS), or that have been granted an Indefinite Listing Privilege (ILP) may participate in Lure Coursing Trials on an Exhibition Only basis. Breeds disqualifications apply.

Hounds that are disqualified (or dismissed twice within six trials) from the AKC, ASFA or CKC Field Trials may not be entered.

### RIBBONS FOR JC TEST AND TRIAL

Test—Junior Courser: Dark Green

Trial – All Stakes: 1st—Blue; 2nd—Red; 3rd—Yellow; 4th—White; 5th—Pink

Best of Breed—Purple & Gold Rosette

Best in Field—Red/White/Blue Rosette

It is recommended that Junior Courser hounds entering the Open Stakes for the first time have successful practice experience with other hounds before competing.

**PLEASE BRING YOUR OWN SHADE AND PLENTY OF WATER.**

**PLEASE RESPECT OUR COURSING SITE BY PICKING UP AFTER YOUR DOG AND TAKE YOUR TRASH WITH YOU.**

**CONCESSIONS WILL BE AVAILABLE.**

**COME AND ENJOY FUN AND FOOD WHILE COURSING  
WITH US IN BAYOU COUNTRY!!**

### OFFICIAL AMERICAN KENNEL CLUB LURE COURSING ENTRY FORM

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                          |                                                                                                                          |
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| Club: Louisiana Kennel Club                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date(s): 11/04/06                                                                        | Event #:                                                                                                                 |
| Location: Folsom, LA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Event type (test or trial): <input type="checkbox"/> Test <input type="checkbox"/> Trial |                                                                                                                          |
| Stakes: <input type="checkbox"/> JC <input type="checkbox"/> Open <input type="checkbox"/> Special <input type="checkbox"/> Veteran                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Breed:                                                                                   | I enclose entry fees in the amount of: \$                                                                                |
| Breeder:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Registration No:                                                                         | Sex: Date of Birth:                                                                                                      |
| Call Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | AKC No. <input type="checkbox"/>                                                         | AKC Litter No. <input type="checkbox"/> ILP No. <input type="checkbox"/> Foreign & List Country <input type="checkbox"/> |
| Full Name of Dog:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                          |                                                                                                                          |
| Sire:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                          |                                                                                                                          |
| Dam:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                          |                                                                                                                          |
| Actual Owner(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                          |                                                                                                                          |
| Owner's Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                          |                                                                                                                          |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | State:                                                                                   | Zip:                                                                                                                     |
| Name of Owner's Agent/Handler (if any) at Trial:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                          |                                                                                                                          |
| <input type="checkbox"/> Please Separate My Entries.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                          | <input type="checkbox"/> Hound Dismissed Within the Last 6 Trials.                                                       |
| AKC Rules, Regulations, Policies and Guidelines are available on the American Kennel Club website: <a href="http://www.akc.org">www.akc.org</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                          |                                                                                                                          |
| <b>AGREEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                          |                                                                                                                          |
| I certify that I am the actual owner of the dog, or that I am the duly authorized agent of the actual owner whose name I have entered above. In consideration of the acceptance of this entry, I (we) agree to abide by the rules and regulations of The American Kennel Club in effect at the time of this event, and any additional rules and regulations appearing in the premium list of this event and entry form and any decision made in accord with them. I (we) agree that the club holding this event has the right to refuse this entry for cause which the club shall deem sufficient. In consideration of the acceptance of this entry and of the holding of this event and of the opportunity to have the dog judged and to win prizes, ribbons, or trophies, I (we) agree to hold the AKC, the event-giving club, their members, directors, governors, officers, agents, superintendents or event secretary and the owner and/or lessor of the premises and any provider of services that are necessary to hold this event and any employees or volunteers of the aforementioned parties, and any AKC approved judge, judging at this event, harmless from any claim for loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of this dog while in or about the event premises or grounds or near any entrance thereto, and I (we) personally assume all responsibility and liability for any such claim; and I (we) further agree to hold the aforementioned parties harmless from any claim for loss, injury or damage to this dog. Additionally, I (we) hereby assume the sole responsibility for and agree to indemnify, defend and save the aforementioned parties harmless from any and all loss and expense (including legal fees) by reason of the liability imposed by law upon any of the aforementioned parties for damage because of bodily injuries, including death at any time resulting therefrom, sustained by any person or persons, including myself (ourselves), or on account of damage to property, arising out of or in consequence of my (our) participation in this event, however such, injuries, death or property damage may be caused, and whether or not the same may have been caused or may be alleged to have been caused by the negligence of the aforementioned parties or any of their employees, agents, or any other persons. I (WE) AGREE THAT ANY CAUSE OF ACTION, CONTROVERSY OR CLAIM ARISING OUT OF OR RELATED TO THE ENTRY, EXHIBITION OR ATTENDANCE AT THE EVENT BETWEEN THE AKC AND THE EVENT-GIVING CLUB (UNLESS OTHERWISE STATED IN ITS PREMIUM LIST) AND MYSELF (OURSELVES) OR AS TO THE CONSTRUCTION, INTERPRETATION AND EFFECT OF THIS AGREEMENT SHALL BE SETTLED BY ARBITRATION PURSUANT TO THE APPLICABLE RULES OF THE AMERICAN ARBITRATION ASSOCIATION. HOWEVER, PRIOR TO ARBITRATION ALL APPLICABLE AKC BYLAWS, RULES, REGULATIONS AND PROCEDURES MUST FIRST BE FOLLOWED AS SET FORTH IN THE AKC CHARTER AND BYLAWS, RULES, REGULATIONS, PUBLISHED POLICIES AND GUIDELINES. |                                                                                          |                                                                                                                          |
| Signature of owner or his agent duly authorized to make this entry: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                          |                                                                                                                          |
| Tel: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Email: _____                                                                             |                                                                                                                          |