

# USDAA® Official Entry Form - Willamette Agility Group - Salem, OR

February 1 - 2, 2025 - Closing Date: Monday, January 20, 2025  
Return to: Anne Nile, 2551 SE Territorial Rd. Canby, OR 97013 - Make check payable to: Willamette Agility Group

## Dog and Handler Information

Dog's Call Name:	USDAA#:	Breed:	Height:	Birthdate:
Address:			City, St/Pr/Region:	
Postal Code:	Day Phone:	Night Phone:		
Handler:	Email:			

## Class Entry Information

Jump Height:	Championship: 8" 12" 16" 20" 24"	Performance: 4" 8" 12" 16" 20"
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*If entering more than one height for this dog, submit a SEPARATE ENTRY FORM for each height.*

Saturday, Feb 1, 2025	Championship	Performance	
\$25.00	Tournament Qualifier <input type="checkbox"/> Purina® Pro Plan® Dog Agility Steeplechase® (select program height class above)		
\$65.00	Tournament Qualifier <input type="checkbox"/> Purina® Pro Plan® Dog Agility Masters® 2-Dog Team		
If blank or incorrect, entry will be for draw pairs:			
#1: Handler:	Dog:	USDAA#:	Jump Height:
Pair Name:			

Sunday, Feb 2, 2025	Championship	Performance
\$25.00	Tournament Qualifier <input type="checkbox"/> Purina® Pro Plan® Grand Prix of Dog Agility® (select program height class above)	
\$30.00	Tournament Qualifier <input type="checkbox"/> Purina® Pro Plan® Masters Challenge Biathlon <sup>SM</sup> (select program height class above)	
<b>SUB-TOTAL</b>		
\$40.00	<b>Dog Registration (if not previously registered) - ATTACH SEPARATE FORM or Register Online</b>	
Discount (see footnote below for terms, if any discount is offered)		
<b>TOTAL FEES</b>		

**GENERAL AGREEMENT ACCEPTANCE:** Through my signature, I declare that I have read USDAA Official Rules & Regulations, the rules & conditions for entry set forth for this event in the Event Details (a.k.a., Agility Test Schedule) as published on USDAA.com, and I acknowledge that I understand and agree to abide by all such rules, regulations, policies and provisions stipulated therein, including any provisions incorporated by reference.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent or  
Legal Guardian, if a Minor: \_\_\_\_\_ Date: \_\_\_\_\_

## Emergency Contact Information

In case of an emergency, please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## WAG Member Discount

**For current WAG members only (new or renewing) including handlers under age 19. Subtract 10% from entry fees.** This discount applies to all classes (including tournaments) and to both Weekend Packages.

**For handlers under age 19 = 50% off all classes entered.** Apply this discount before the WAG membership discount if both apply to you.