ENTRY FORM
Note: Please Print. This entry must be completed in full

DELAWARE VALLEY WEIMARANER CLUB
WCA SHOOTING & RETRIEVING RATINGS TESTS
COLLIERS MILLS MANAGEMENT AREA
299 E. Colliers Mill Road, NEW EGYPT, NJ
October 11, 2025 (Saturday)

Entries close Monday, October 6, 2025, at 5:00 pm EST

I SUBMIT $_____FOR ENTRY FEES **(*DVWC.org, 2025 Rating via Paypal*)**

Enter Tests (CIRCLE): NSD ($55) SD ($65) SDX ($65)
NRD ($60) RD ($75) RDX ($90)

Name of Dog (Print)		**Call Name**
A.K.C. Reg. Number	**OR AKC Litter Number: (if Dog is not Reg.)**	
OR Foreign Reg. Number	**Country of Registry**	
Breed WEIMARANER	**Sex**	**Date of Birth**
Sire		
Dam		
Breeder		
Name of Actual Owner(s) (print)		
Owner's Address Street		
City	**State**	**Zip Code**
Name of Handler (Print)		

Note: WCA requires that all owners and co-owners be WCA members in order to obtain ratings. By signing below, you certify that all owners/co-owners are WCA members. Ratings are not official until confirmed by WCA.

I certify that I am the actual Owner of this 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 agree to abide by all the rules of the Weimaraner Club of America and the Standard Procedures governing this Ratings Test and any decisions made in accord with them, and I further agree that the dog is entered in and will be at this Test at my own risk and that I will hold the trial-giving club, its members and agents, free from liability for any claims arising out of the entry of the dog or its presence at the trial.

***Signature of Owner or Agent Duly Authorized to make this entry**_____ ☐
Check box for your signature
Address of Agent (If Anyone Signs Above Line for Owner)

Address _____

City_____State_____Zip_____

Email Address (required): _____

Phone Number: _____

*This digital signature is in is in lieu of an original signature and has the same force and effect as an original signature.