



**NORTHEAST REGIONAL CHUKAR CHALLENGE
HUNTING DOG CHAMPIONSHIP ENTRY FORM**

WARRIORS MARK WINGSHOOTING LODGE & KENNELS
548 Hunt Club Drive, Ginter, PA 16651
(814) 378-8380 Fax: (814) 378-8381 www.warriorsmark.com

FILL OUT ONE FORM PER ENTRY / RUN (Reproduce this form for multiple entries)

Division: (check one only)

Single Pointing _____ Single Flushing _____ Team Pointing _____ Team Flushing _____

Puppy Pointing _____ Puppy Flushing _____

Preferred Day / Time Sat. AM _____ Sat. PM _____ Sun. AM _____ Sun. PM _____

Run Times will be assigned in order entries are received. We will contact you only if your preferred time is not available. Post cards will be mailed with exact run times 1 week prior to event.

(Each dog may run a maximum of two times per division. i.e. two single runs and two team runs)

Entry Fee:	\$120 Single Divisions (\$20 returned to prize money)	
	\$180 Team Divisions (\$30 returned to prize money)	
	(Payout to 1 st , 2nd and 3rd in each class)	
	\$70 Puppy Divisions (under 18 months) (\$10 returned)	
	(Payout to 1 st and 2nd in each class)	\$ _____
Option Pool Entry (pays 50% - 30% - 20% in class)	\$25.00	\$ _____
	Total for this run.	\$ _____

Team Captain: Name _____

Address _____

City, State _____ Zip _____

Phone (Day) _____ (Evening) _____

Partner: (team only) Name _____

Address _____

City, State _____ Zip _____

Phone (Day) _____ (Evening) _____

Dog: Name _____

Breed _____

Birth Date _____ (You must provide proof for puppy divisions)

Titles or Accomplishments _____

TOTALS FOR ALL ENTRIES (Fill out one only for entire event)

---# of Single Entries:

Pointing Breeds _____ Flushing Breeds _____ @\$120 per run \$ _____

Options _____ @\$25 per run \$ _____

---# of Team Entries:

Pointing Breeds _____ Flushing Breeds _____ @\$180 per run \$ _____

Options _____ @\$25 per run \$ _____

---# of Puppy Entries:

Pointing Breeds _____ Flushing Breeds _____ @\$70 per run \$ _____

Options _____ @\$25 per run \$ _____

Total Entry Fees: \$ _____

PAYMENT METHOD: CHECK ___ VISA ___ MC ___ AMEX ___ Discover ___

Card # _____ Exp. Date _____ Signature _____

(Credit card entries may be faxed.)