



Alaskan Malamute Club of America, Inc.

WORKING PACK DOG CERTIFICATION APPLICATION FORM

Working Dog Committee
Helen Schultz and Leesa Thomas, Co-Chairs

Updated October 2013

Owner Information:

Owner's Name: _____ AMCA Member: [] Yes [] No
Address: _____ City: _____ State: _____ ZIP: _____
Phone: _____ Email: _____

Dog Information:

Dog's Registered Name: _____ Registration #: _____
To assist in the Working ROM program:
Sire's Registered Name: _____ Registration # (if known): _____
Dam's Registered Name: _____ Registration # (if known): _____

Event/Hike Information (Witnesses fill out shaded areas):

Location of Event: _____ Date: _____
Club Outing: [] Yes [] No If "Yes," Event Managing Organization/Club: _____
Dog's Weight at Event: _____ Location: _____

Start Date: _____ Time: _____ Weight Carried in Pack: _____
Witness's Signature Out (*verify pack weight and start time*): _____ Phone: _____
Participating Witness Name (print): _____ Title: _____
Address: _____ City: _____ State: _____ ZIP: _____

Destination: _____ Mileage to Destination: _____

Finish Date: _____ Time: _____ Location: _____
Witness's Signature In (*verify finish time and distance hiked*): _____ Phone: _____
If different than witness above:
Participating Witness Name (print): _____ Title: _____
Address: _____ City: _____ State: _____ ZIP: _____

Total Mileage Covered: _____ Summary of Trail Conditions, Terrain, Weather, Etc.: _____

Contents of Dog's Pack: _____

Application Instructions:

All portions of form must be completed or it will be returned. Feel free to include photos or maps or to go into more detail than this space allows.

ALL NECESSARY FORMS MUST BE SENT WITH THE FOLLOWING APPLICATION FEES:

- AMCA Members: \$8 for first application; \$5 for each additional application sent at the same time
- Non-AMCA Members: \$16 for first application; \$10 for each additional application sent at the same time

Mail/Email WPD Applications To:

Sue Fuller
26 Malamute Road
Twisp, WA 98856
malx@mymethow.com

Mail/Email WPDA/WPDX Applications To:

Helen Brott
PO Box 223
Jackson, CA 95642
hibalmal@reagan.com

**Contact
us to pay by
PayPal!**