



Alaskan Malamute Club of America, Inc.

WORKING SLED DOG CERTIFICATION APPLICATION FORM (EXCURSION)

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:

I/We apply for certification for the following dog(s) (*list may be continued on back of form*):

Dog's Registered Name: _____ Registration #: _____

Position on Team: _____ [] Lead Dog Leg [] Team Dog Leg

To assist in the Working ROM program:

Sire's Registered Name: _____ Registration # (*if known*): _____

Dam's Registered Name: _____ Registration # (*if known*): _____

Excursion Information:

Location of Event: _____ Date: _____

Start Time: _____ **Finish** Time: _____ Number of Dogs on Team: _____

Type of Equipment Used (sled, cart, ATV, etc): _____ If ATV, was throttle used? [] Yes [] No

Summary of Trip: Terrain, Hazards Encountered on the Trail, General Trail Conditions, Etc.: _____

Daily Mileage: _____ Number of Overnights: _____

To be Completed by Impartial Witness:

I hereby certify that the above named dog(s) was(were) entered in and did complete all events as listed on this form.

Witness Name (please print): _____ Signature: _____

Phone: _____ Email: _____

Address: _____ City: _____ State: _____ ZIP: _____

Application Instructions:

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 WTD/WLD Applications To:

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

Mail/Email WTDA/WLDA/WTDX/WLDX Applications To:

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

**Contact
us to pay by
PayPal!**