



Alaskan Malamute Club of America, Inc.

WORKING SLED DOG CERTIFICATION APPLICATION FORM (RACING)

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*): _____

Event Information:

Location of Event: _____ Date: _____

Event Managing Organization/Club: _____ ISDRA Affiliate: [] Yes [] No

Secretary's Name: _____ Email: _____

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

Race Information:

Race Class: _____ Number of Dogs on Team: _____

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

Heat/Day	Distance	Your Time	Winning Time	Your Finish Position	# Teams Starting/Finishing
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Weight carried for freight racing, excluding sled and driver: _____

Summary of Trail Conditions: Snow Conditions, Topography, Weather, Etc.: _____

To be Completed by Event Official:

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

Name (please print): _____ Signature: _____

Date: _____ Title: [] Marshall [] Judge [] Timer [] Witness

Phone: _____ Email: _____

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

ISDRA Rules Used? [] Yes [] No If "No," have rules been submitted to the Working Dog Committee for approval? [] Yes [] No
If "No," please include a copy of the rules.

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!