



Alaskan Malamute Club of America, Inc.

WORKING WEIGHT PULL DOG CERTIFICATION APPLICATION FORM

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

Updated June 2018

Owner Information:

Owner's Name: _____ AMCA Member: [] Yes [] No

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

Phone: _____ Email: _____

Dog Information: [] I wish to pay with PayPal. PayPal Email: _____

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 Information:

Location of Event: _____ Date: _____

Event Managing Organization/Club: _____

Secretary's Name: _____ Email: _____

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

Pull Information:

Vehicle Used: [] Sled [] Wheeled Rig Air Pressure in Pneumatic Tires (if known): _____ Other (specify): _____

Type of Pulling Surface: _____

Temperature: _____ Conditions: _____

Rules Used (check one): [] AMCA [] IWPA [] ISDRA [] Other: _____ If "Other," have rules

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

Dog's Weight at Event: _____ Weight Class: _____ Maximum Completed Pull (16 feet in allotted time): _____

Placing: _____ Number of Dogs in Class: _____ (*WDA/WDX App. Only—please include a complete copy of official results*)

To be Completed by Event Official:

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

Name (please print): _____ Signature: _____

Date: _____ Title: [] Marshall [] Judge [] Timer [] Other (specify): _____

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

I am applying for (please check all that apply): [] WWPDP [] WWPDA [] WWPDX

Mail/Email WWPDP Applications To: _____ Mail/Email WWPDA/WWPDX Applications To: _____

Sue Fuller
26 Malamute Road
Twisp, WA 98856
mtnhomemals@gmail.com

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