

United States Police Canine Association, Inc.

NATIONAL TRIALS

Tangipahoa Parish

Hammond, Louisiana

October 31- November 5, 2010

Hosted by: The Tangipahoa Parish Sheriff's Department

Registration Form

Name _____ Phone ____/____/____

Home Address _____

City

State

Zip

Departments/ Agency _____

Address _____

City

State

Zip

Your E- mail _____ Departments Web page http _____

Canine Name: _____ Breed: _____

Registration Fee: \$150.00

Banquet: There will be an awards banquet on Friday, November 5th. Cost is \$25 per person.

Hotel: The Host Hotel is the Quality Inn 2000 S. Morrison Blvd. Hammond, LA. **Phone: (985) 345-0556.**

Room rates are \$70.00 per night. You are responsible for making your own reservations. **Reservations must be made by October 16, 2010** and you must tell them you are with the **U.S.P.C.A. Field Trials** to get a room at this rate.' **Please mail this registration form and signed liability release. Registration fee can be included or paid at time of registration.**

Mail to:

Tangipahoa Parish Sheriff's Office

Attn: Capt. Don Alexander Work 985-902-2002

Address 15475 Club Deluxe Rd. Fax 985-902-2076

Hammond, LA. 70403 email: alexanderd@tpso.org

Additional Contacts: Sgt. Thomas Ferrand Cell: 985-969-1383

Email: ferrandt@tpso.org

David Williams Cell: 985-516-2521 email: franktownk9@yahoo.com

Checks Payable to USPCA PDI Nationals

I hereby waive and relinquish the National United States Police Canine Association, Inc., Region Ten of the United States Police Canine Association, Inc., the **Tangipahoa Parish Sheriff's Office**, event organizers, and associates of this event from any physical or mental injury to myself or my canine. I also agree to abide by the rules established by the U.S.P.C.A. while attending this event. I certify that my canine is up to date on all shots and vaccinations. Furthermore, I accept responsibility for any damage caused by either my canine, or myself, to any other person or property while attending this event. I further attest that I have participated in a regional PDI trial and obtained the necessary qualification score of 560 or more points within the required time.

Applicant Handlers Signature:

Date ____/____/____