

USDAA® Official Entry Form - KineticDog, LLC - Barto, PA

April 13 - 13, 2025 - Closing Date: Wednesday, April 2, 2025
Return to: Dan Burke, 94C County Line Road Colmar, PA 18974 - Make check payable to: KineticDog, LLC

Dog and Handler Information

Dog's Call Name:	USDAA#:	Breed:	Height:	Birthdate:
Address:			City, St/Pr/Region:	
Postal Code:	Day Phone:	Night Phone:		
Handler:	Email:			

Class Entry Information

Jump Height:	Veteran: 4" 8" 12" 16"	Championship: 8" 12" 16" 20" 24"	Performance: 4" 8" 12" 16" 20"
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If entering more than one height for this dog, submit a SEPARATE ENTRY FORM for each height.

Sunday, Apr 13, 2025	Veteran			Championship			Performance			
\$16.00	Standard	<input type="checkbox"/>	<input type="checkbox"/>	MST	ADV	STR	<input type="checkbox"/>	PIII	PII	PI
\$16.00	Gamblers	<input type="checkbox"/>	<input type="checkbox"/>	MST	ADV	STR	<input type="checkbox"/>	PIII	PII	PI
\$16.00	Jumpers	<input type="checkbox"/>	<input type="checkbox"/>	MST	ADV	STR	<input type="checkbox"/>	PIII	PII	PI
\$16.00	Snooker	<input type="checkbox"/>	<input type="checkbox"/>	MST	ADV	STR	<input type="checkbox"/>	PIII	PII	PI
\$25.00	Tournament Qualifier		<input type="checkbox"/> Purina® Pro Plan® Grand Prix of Dog Agility® (select program height class above)							
SUB-TOTAL										
\$40.00	Dog Registration (if not previously registered) - ATTACH SEPARATE FORM or Register Online									
Discount (see footnote below for terms, if any discount is offered)										
TOTAL FEES										

GENERAL AGREEMENT ACCEPTANCE: Through my signature, I declare that I have read USDAA Official Rules & Regulations, the rules & conditions for entry set forth for this event in the Event Details (a.k.a., Agility Test Schedule) as published on USDAA.com, and I acknowledge that I understand and agree to abide by all such rules, regulations, policies and provisions stipulated therein, including any provisions incorporated by reference.

Signature: _____ Date: _____
Signature of Parent or
Legal Guardian, if a Minor: _____ Date: _____

Emergency Contact Information

In case of an emergency, please contact:

Name: _____ Relationship: _____ Phone Number: _____