

Club Trial Fees:
 IPG 1,2,3 FH 1:\$70
 Single Phase OB & Tr:\$30
 BH: \$50



LV/DVG AMERICA TRIAL ENTRY
 Deutscher Verband der Gebrauchshundsportvereine e.V.
 Sportverband für das Polizei- und Schutzhundwesen-Mitglied des VDH und der FCI

Regional Fees:
 IPG 1,2,3:\$80

HOST CLUB NAME, DVG # _____ CLOSING DATE _____
Month/Day/Year

TRIAL CHAIRMAN'S NAME _____ DVG MEMBER # _____

TRIAL CHAIRMAN'S ADDRESS _____

TRIAL DATE _____ TRIAL LOCATION _____
Month/Day/Year City, State

<input checked="" type="checkbox"/>	BH	AD	IPO			IPO-A			IPO	IPO-V	TR			OB			PR			FH		IPO	
<input type="checkbox"/>		<input type="checkbox"/>	1	2	3	1	2	3	ZTP	<input type="checkbox"/>	1	2	3	1	2	3	1	2	3	1	2		FH
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

DOG'S NAME _____ SCOREBOOK # _____ TATTOO _____
 CHIP _____

DOG'S DATE OF BIRTH _____ BREED _____ REGISTRATION # _____
Month/Day/Year M F

OWNER'S NAME _____ DVG MEMBERSHIP # _____

OWNER'S ADDRESS _____

OWNER'S DVG CLUB # _____ OWNER'S PHONE _____ EMAIL _____

HANDLER'S NAME _____ DVG MEMBERSHIP # _____

HANDLER'S ADDRESS _____

HANDLER'S DVG CLUB # _____ HANDLER'S PHONE _____ EMAIL _____

Please list the last three trials the dog was entered in. Scorebook proof issued for the dog's previous performances must be submitted with application

Trial Location & Date	Scores			Total Score	Rating	Title	Judge
	A	B	C				

Owner/Handler's Statement: In submitting this application, I recognize the trial rules of the VDH and the DVG. I enclose the entry fee or will send it by mail. I am aware that I must pay the trial entry fee even if I should not be able to participate in the trial for whatever reason. I am fully liable for any damage caused by my dog. All entry information on this application is true and correct.

Date _____ Owner/Handler's Signature _____
Month/Day/Year

Training Director's Certification for DVG members: I certify that the above mentioned dog is, by level of training, capable of undergoing trial.

Date _____ Training Director's Signature _____ DVG# _____
Month/Day/Year