

AMERICA'S PET REGISTRY
DOG SHOW REGISTRATION APPLICATION

(Please complete an application form for each dog you are entering and sign the application.)

SHOW: _____

LOCATION: _____

DATE: _____

OWNER(S) _____ BREEDER ID# _____

ADDRESS _____ PHONE # _____

CITY, STATE, ZIP _____

DOG'S REGISTERED NAME _____

DOG'S APRI REG. NUMBER _____ BREED OF DOG _____

MICROCHIP NUMBER _____ DATE _____

ENTRY FEES:

1 Show \$25.00

2 Shows \$50.00

3 Shows \$60.00

Figure fees separately for each show entered.

NUMBER OF SHOWS ENTERED _____

TOTAL ENTRY FEES ENCLOSED \$ _____

_____ CHECK OR MONEY ORDER ENCLOSED

_____ VISA OR MASTERCARD

_____|_____|_____|_____
CREDIT CARD NUMBER

_____|_____
EXPIRATION DATE

- ❖ I understand it is my responsibility to verify that my application has been received by APRI. If the application has not been received by the deadline, I will not be permitted to show, nor will I receive a refund of my application fees.
- ❖ I am in good standing with APRI and all information is true and accurate.
- ❖ I agree to abide by the rules and dictates of the show committee.
- ❖ I agree to hold APRI and sponsoring clubs and any affiliates of said organizations blameless and free from all liability from any and all events whatsoever that may occur in connection with this APRI sanctioned show.
- ❖ I understand that no scores will be recorded until a DNA specimen has been taken at the show and the microchip scanned and recorded. It is my responsibility to verify that the microchip recorded at APRI is the correct one in the dog. I agree to hold APRI, the sponsoring club, and their representatives blameless and free from all liability arising from collection of DNA.
- ❖ I give APRI permission to publish photos of me, my exhibitor, and my dog and to use the photos for promotion of APRI.

SIGNATURE _____

DATE _____

Please copy applications as needed. Complete and return to
ATTN: Charlotte
APRI
10514 S & G Circle
Harvey, AR 72838 or fax to (479) 299-4417