IRON DOG SPORTS ASSOCIATION
WWW.IRONDOGSPORTS.ORG

Weight Pull Event Entry Form

Event Information:

Name of Event:	
Date(s) of Event:	
Address of Event:	
Handler Name:	
Junior Handler: ☐ Yes or ☐ No	**If yes, Date of Birth:**
Handler Address:	
Handler Phone Number:	
Handler Email Address:	

Dog Information:

Class: ☐ Novice ☐ Standard ☐ Advanced	**Dog Name, Registration Number, Breed, and Date of Birth:**
Class: ☐ Novice ☐ Standard ☐ Advanced	**Dog Name, Registration Number, Breed, and Date of Birth:**
Class: ☐ Novice ☐ Standard ☐ Advanced	**Dog Name, Registration Number, Breed, and Date of Birth:**
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