**Scottish Progressive GSD Group**

**WUSV GSDL-BRG “**REGIONAL EVENT**”**
(based on WUSV rules & regulations)

**Sunday 28th April 2024**

**Strathaven Rugby Club, Strathaven ML10 6SY**

ENTRIES CLOSE **Monday 15th April 2024** (postmark)

|  |  |  |
| --- | --- | --- |
|  | Entry per dog @ £16.00 | £  |
|  | Members per dog @ £15.00**(SPGSD Club members only)** | £ |
|  | 3 Dogs or more\* @ £45.00 | £ |
|  | Members 3 Dogs or more\* @ £40.00**(SPGSD Club members only)** | £ |
|  | Junior Handling FREE | £ |
|  | **Group Membership @£5.00 per person** | **£** |
|  | Adverts @ £25 per A5 page  | £ |
|  | Donations / Sponsorship @ £20 per class | £ |
|  | Catalogues @ £5.00 (£6.00 on day) | £ |
|  | **TOTAL** | **£** **BACS CHQ Cash** |

 \* For multiple entries exhibits must have at least 50% common ownership

Please make cheques and postal orders payable to **SPGSD Group *Please put surname of the first named owner as reference on the payment.***

Payment can be made direct into our bank account: **SPGSD Group, Sort Code 83-15-22, Account Number 00718544**

|  |  |
| --- | --- |
| **Junior Handler's Name** | **Age** |
|  |  |
|  |  |

Declaration: I/we agree to be bound by the rules and regulations set out by the WUSV/GSDL-British Regional Group on those advised by the WUSV. I/we confirm authorisation to enter the above event and for the data herewith to be stored by the organisation for the purpose of running the event.. I/we confirm that the dog /dog(s) entered have been free of disease for the preceding 21 days. I/We believe to the best of my/our knowledge that the dog(s) are not disqualified under the Kennel Club, SV/WUSV or FCI Rules & regulations.

I/we declare to the best of my knowledge that the above details are true and accurate.

*Signature of* owner(s)...........................................................................Date.....................

**In the case of Joint Ownership the names of every owner must be given**

|  |  |  |
| --- | --- | --- |
| **Name(s)** |  | (Mr/Mrs/Miss/Ms) |
| **Address** |  |  |
|  |  |  |
| **Post Code** |  | **Telephone** |  | **E-Mail** |  |

Please tick here if you DO NOT wish your details printed in the catalogue [ ] Please note that all entry details will be held electronically and may be shared with other members of the WUSV/GSDL-BRG. **All Entries and fees must be sent to:**

**Susan Cuthbert, spgsd.brg@****gmail****.com 07591451520, Address : 168 Jamphlars Road, Cardenden KY5 0ND**

|  |
| --- |
| **Please list below the names of the dogs you are entering in the show and check that you have included a data form for each dog** |
|  |  |  |  |
|  |  |  |  |

**GSDL – BRG Regional Show Exhibit Data Form**

Top Tip – Why not save a completed form for each of your dogs and use it for future shows?

**Please take care to ensure that id numbers are correct, if they cannot be proven you cannot compete**

|  |  |  |
| --- | --- | --- |
| ***Secretary’s use only*** | Registered Name |  |
| ***Exhibit Ring No :*** | Micro-chip Number |  |
|  | Registration Number | KC / SV / Other (specify)………… |
|  | Date of Birth |  |
|  | Sex | Male / Female |
| **Breeder :** | Name |  |
|  | Address |  |
| **SIRE :** | Name of Sire |  |
|  | Sire Registration No | KC / SV / Other (specify)………… |
| **DAM :** | Name of Dam |  |
|  | Dam Registration No | KC / SV / Other (specify)………… |
|  | Coat Type | Standard Coat / Long Coat |
|  | Class Number & Name |  |
| **Health Testing:** | GSDL Health Certificate No *or* Breed Survey Class |  |
|  | Breed Surveyor |  |
| *See schedule for* | Breed Survey Date |  |
| *class requirements* | Hip Score / Grade |  |
|  | Elbow Score / Grade |  |
| *If applicable* | Haemophilia Clear | Yes / No |
| **Working Qualifications :** | Koerung  | KKL / KKL LBZ |
| Compulsory for | Koermeister & Date |  |
| Working Class only | Working Qualification |  |