# Mary Lester 5329 East C Avenue Richland, MI 49083

# Southern Michigan Weimaraner Club, INC

AKC LICENSED FIELD TRIAL

FIELD TRIAL/HUNTING TEST PREMIUM LIST **Event # 2024055207** 

HIGHLAND RECREATION AREA, HIGHLAND, MICHIGAN Saturday, Sunday April 13,14,2024

All stakes open to all Registered AKC Pointing Breeds TRACKING COLLARS MAY BE USED PER A.K.C. RULES BITCHES IN SEASON MAY NOT COMPETE IN THIS TRIAL

ENTRIES LIMITED to the number of dogs which can be run during all available daylight hours, and entries will close when the limit is reached if this occurs prior to specified closing time

Stakes with less than 4 entries may be cancelled.

This trial will be run under the flexible format and the club reserves the right to rearrange the running order of the stakes and add/rearrange judges if conditions warrant.

This Field Trial is held under Rules and Procedures of the

# AMERICAN KENNEL CLUB

MAIL ADVANCE ENTRIES WITH CHECKS MADE PAYABLE TO **SMWC**TO: Mary Lester FIELD TRIAL SECRETARY –
5329 East C Ave.,Richland,49083
Ph. 269-342-6534, c-269-370-2586
palimar68@gmail.com

\*Waive Signature on Overnight Deliveries\*

ENTRIES WILL CLOSE AT 7:00 PM (LOCAL TIME), Wednesday, April 10.2024 WITH THE FIELD TRIAL SECRETARY AT 5329 E C Ave., Richland, MI49083

DRAWING WILL TAKE PLACE AT 8:00 PM (LOCAL TIME Wednesday, April 10,2024 5329 East C Ave., Richland MI49083

## JUDGES AND STAKES TO BE JUDGED

Mike Braddock[Z1458]17126 W. Pleasant Lake Rd.,

Manchester, MI48158

OGD,AWD,AWP,OD,

Sue DeGraw[17651]15730 26 Mile Rd. Macomb, MI48042

, ,AGD,OD, AWD,OP

Dan DeGraw[45041]

AGD, AWD,OP,

Duane Yoder[47591]

OGD.AGD.OD.AWP

CAPTAIN OF MARSHALS
Club Members

CAPTAIN OF GUNS
Club Members

# STAKES, SCHEDULE AND ENTRY FEES

| Open Gun Dog          | Not before 7:00 AM Saturday     | \$60.00 |
|-----------------------|---------------------------------|---------|
| Open Puppy            | after the start of Open Gun Dog | \$50.00 |
| Open Derby            | after the start of Open Gun Dog | \$55.00 |
| Amateur Gun Dog       | after the start of Open Gun Dog | \$60.00 |
| Amateur Walking Derby | after the start of Open Gun Dog | \$55.00 |
| Amateur Walking Puppy | after the start of Open Gun Dog | \$50.00 |

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#### COURSES AND BIRDS

ALL STAKES - SINGLE COURSE WITHOUT BIRDFIELD PHEASANT, QUAIL AND/OR CHUKARS RELEASED IN ALL STAKES A BLANK CARTRIDGE WILL NOT BE FIRED IN THE PUPPY STAKES

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NO RETRIEVING STAKES AT THIS TRIAL

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#### PRIZES

STANDARD AKC ROSETTES TO ALL PLACED DOGS

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#### SMWC OFFICERS

PRESIDENT: Bill Lester,16759 East Augusta Dr., Augusta, MI49020 VICE PRESIDENT: Bonnie Barden, 56956 Stonewyck Dr., Shelby Twp, MI SECRETARY: Amanda Haines, 6273 Redfern circle, Portage, MI49024 TREASURER: Diane Santoro, 2500 Barber Rd., Grass Lake, MI

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## FIELD TRIAL COMMITTEE

Chairman

Kelly Leonard

Committee

Mary Lester. Bill Lester, Kim McVeigh, Ray McVeigh

Our NEW Wrangler is Travis Schuler!!

Contact him at 865.250.3349

Horses are available

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**Please Note**: Coggins Test with-in 1 year of the trail required for all horses brought into Michigan

## OFFICIAL AMERICAN KENNEL CLUB ENTRY FORM # 2024055207

Note: This Entry Form Must Be Completed in Full

## FOR FIELD TRIALS / HUNTING TESTS

# SOUTHERN MICHIGAN WEIMARANER CLUB, INC HIGHLAND RECREATION AREA, HIGHLAND, MICHIGAN April 13-14,2024

Event 2024055207

| X AKC No. AKC Litter No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Foreign No.  ILP No. & list country: | I enclose entry fees In the amount of: \$ |      | Stake:         |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------|------|----------------|--|
| Full Name of Dog:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                                           |      |                |  |
| Breed:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Reg. #:                              | Call Name :                               | Sex: | Date of Birth: |  |
| Sire:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      |                                           | I    |                |  |
| Dam:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                           |      |                |  |
| Name of Breeder:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                                           |      |                |  |
| Actual owner(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                                           |      |                |  |
| Owner's Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                                           |      |                |  |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      | State:                                    |      | Zip:           |  |
| Name of Owner's Agent/Handler:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |                                           |      |                |  |
| Agent/Handler's Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                           |      |                |  |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      | State:                                    | :    | Zip:           |  |
| AGREMENT  I certify that I am the actual owner of the dog, or that I am the duly authorized agent of the actual owner whose name I have entered above. In consideration of the acceptance of this entry, I (we) agree to abide by the rules and regulations of The American Kennel Club in effect at the time of this event, and any additional rules and regulations appearing in the premium list of this event and entry form and any decision made in accord with them. I (we) agree that the club holding this event has the right to refuse this entry for cause which the club shall deem sufficient. In consideration of the acceptance of this entry and of the holding of this event and of the opportunity to have the dog judged and to win prizes, ribbons, or trophies, I (we) agree to hold the AKC, the event-giving club, their members, directors, governors, officers, agents, superintendents or event secretary and the owner and/or lessor of the premises and any provider of services that are necessary to hold this event and any employees or volunteers of the aforementioned parties, and any AKC approved judge, judging at this event, harmless from any claim for loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of this dog while in or about the event premises or grounds or near any entrance thereto, and I (we) personally assume all responsibility and liability for any such claim; and I (we) further agree to hold the aforementioned parties harmless from any and all loss and expense (including legal fees) by reason of the liability imposed by law upon any of the aforementioned parties for damage because of bodily injuries, including death at any time resulting therefrom, sustained by any person or persons, including myself (ourselves), or on account of damage to property, arising out of or in consequence of my (our) participation in this event, however such, injuries, death or property damage may be caused, and whether or not the same may have been caused or may be alleged to h |                                      |                                           |      |                |  |
| Telephone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Em                                   | ail:                                      |      |                |  |