



**Beat Your Brace Mate Entry Form**

**Trial Date:** \_\_\_\_\_

**Handler/Owner Name** \_\_\_\_\_

**Email** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Member** \_\_\_ **\$ 100 per dog** **Non-member** \_\_\_ **\$ 160 per dog**

**Category: Flushing** \_\_\_ **Pointing** \_\_\_

**Dog's Name** \_\_\_\_\_ **Breed** \_\_\_\_\_

**Division: Novice** \_\_\_ **Open** \_\_\_

**Rules for doubles flushing and pointing shall apply. Please review them on this menu page.**

**You may pay by credit card using our Pay Pal shopping cart or by check payable to RMTSDC and mail to 930 North First Street, Johnstown, CO 80534.**