

**Premium List**  
**AKC All-Breed CAT & Fast CAT**



**Ochlockonee River Kennel Club**  
Licensed by the American Kennel Club

**November 6-8, 2026 — 6 CATs & 6 Fast CATs**

**Deep South Fairgrounds**  
**2057 Georgia Highway 122, Thomasville, GA 31757**

**Early entry closes October 23rd, 2026**  
**at 6:00PM Central Time (at the home of the test secretary)**

Open to all AKC Registered and Mixed Breeds (via AKC Canine Partners)

**CAT**

Friday #2026425839, #2026425840  
Saturday #2026425841, #2026425842  
Sunday #2026425843, #2026425844

**FAST CAT**

Friday #2026425845, #2026425846  
Saturday #2026425847, #2026425848  
Sunday #2026425849, #2026425850



**AMERICAN  
KENNEL CLUB**

Permission has been granted by the American Kennel Club  
for the holding of this event under American Kennel Club rules and  
regulations.

Sheila Goffe, Executive Secretary



### **Club Officers**

**President:** Tiffany Santner (Tallahassee, FL)

**Vice President:** Erin Strong (Tallahassee, FL)

**Secretary:** Amber Makowicz (Tallahassee, FL)

**Treasurer:** Roxann Campbell (Havana, FL)

**Field Trial Chair:** Amber Makowicz (Tallahassee, FL)

405-421-5482 [amber.makowicz@gmail.com](mailto:amber.makowicz@gmail.com)

**Inspection/Field Committee:** Amber Makowicz, Erin Strong, Jamie Jones, Tiffany Santner, Lindsey Williams, or other members of ORKC.



**Lure Operators:** Jeremy Middlebrooks, Danny Terry

**Field Trial Secretary:** Jenni Wren

P.O. Box 356, Magnolia Springs, AL 36555

251-752-1061 [saltydogscoursing@gmail.com](mailto:saltydogscoursing@gmail.com)

**CAT Judges:** Danny Terry (Wetumpka, AL)

Jeremy Middlebrooks (Magnolia Springs, AL)

\*\*\* Judges and lure operators may be substituted as necessary. \*\*\*

**Online entry is preferred!!! Please visit:**

**[saltydogscoursing.com](http://saltydogscoursing.com)**

**Entries will be confirmed by email. When entering, please double-check your email address for correct spelling and punctuation.**

### **ENTRY FEES**

**\$27 per test prior to early entry closing date**

**\$32 per test for late entries or day-of entries**

**\$10 per "fun run" (practice run)**

A \$1 convenience fee is added to all online entries. This fee is non-refundable.

If paying by check, make payable to: Salty Dogs Coursing. \*\*\*\$30 fee for returned checks\*\*\*

AKC Junior Handlers can receive a \$5 discount per run. Please email the trial secretary.

Each test is limited to 100 entries for Fast CAT and 60 for CAT. Additional entries beyond the limit may be accepted at the field committee's discretion. *Day-of entries and fun runs will be accepted as time permits.*

### **CHECK-IN & INSPECTION**

Check-in will begin at the time each block is scheduled to run (e.g., 9-10am block will open at 9:00). Check-in is followed by inspection for fitness, lameness, and "in season" females. DOGS MUST BE INSPECTED BEFORE EACH RUN. **TEST HOURS: Friday/Saturday 9:00am-3:00pm Eastern Time. Sunday 9:00am-2:00pm. Check-in closes at 1:00pm on the last day (Sunday).** A lunch break may be taken between 12:00-1:00pm each day. The field committee reserves the right to alter the schedule in the event of inclement weather.

**Fast CAT will be divided into one-hour time blocks** with concurrent tests. We will do our best to accommodate requests, but preferred time blocks are not guaranteed. Workers/volunteers may run their dogs prior to the first morning block, or their dogs may be added in during the day. **CAT will utilize a "rolling roll call" (first come, first served).**

## **AWARDS OFFERED**

Flat ribbons will be provided for qualifying runs and fun runs. Rosettes will be provided for new BCAT, DCAT, FCAT, CA, CAA, and CAX titles. **If your dog is expected to earn a title at this event, please let us know when you send your entries so we can plan accordingly.**

## **CAT (COURSING ABILITY TEST) BASICS**

### ***COURSE DESIGN***

The course shall be designed with safety for all breeds as a primary consideration. There shall be no turns more acute than 90 degrees. The total length of the course shall be no less than 600 yards and should be as close to 600 yards as possible. Dogs run singularly in Coursing Ability Tests. Safety is of utmost importance. The judge is responsible for walking the course prior to the start of the event in order to look for hazards.

### ***DISTANCE AND MAXIMUM TIME***

300-Yard Course – This distance is for dogs shorter than 12 inches at the withers and/or brachycephalic (“flat-faced”) dogs. A veteran dog may run 200 yards at the owner’s discretion. A dog must complete this course in less than 1 ½ minutes.

600-Yard Course – This distance is used for all dogs that do not run the 300-yard course. A veteran dog may run 400 yards at the owner’s discretion. A dog must complete this course in less than 2 minutes. If there is a question whether a dog should run the 300 or 600 yard course, the judge will decide.

### ***COLLAR/PARAPHERNALIA***

Dogs may wear any collar except a choker collar, a collar with prongs, or an electronic training collar. The collar should be snug to minimize the chances of getting hung on something during the run. The event committee may, at its discretion, require removal of tags (or securing with tape) to ensure the dog’s safety. Owners may use clips or rubber bands to hold the dog’s hair. The owner assumes responsibility for the safety of the dog with regard to the dog’s collar and paraphernalia. Harnesses or head halters may be used on the grounds but must not be worn while running the course.

### ***TITLES***

Coursing Ability (CA) – Awarded to a dog that passes the Coursing Ability Test three times under at least two different judges.

Coursing Ability Advanced (CAA) – Dog passes the Coursing Ability Test a total of 10 times.

Coursing Ability Excellent (CAX) – Dog passes the Coursing Ability Test a total of 25 times.

A numbered title will be awarded for every additional 25 passes.

## **FAST CAT BASICS**

Fast CAT is a timed straight race of 100 yards where a dog chases a lure. Dogs are run singularly and earn points based on their handicapped speed. Titles are issued at designated benchmarks. The dog’s time to complete the 100-yard dash is converted into speed in miles per hour. A handicap system is applied to a dog’s MPH to determine the number of points earned.

The handicap system is based on the height of the dog at its withers:

- 18” or greater = handicap is 1
- 12” up to less than 18” = handicap is 1.5
- Under 12” = handicap is 2

$204.545 \div \text{time (seconds)} = \text{speed (miles per hour)}$

Points = MPH multiplied by the dog’s handicap

Titles are earned by accumulating points. The following titles will be awarded: BCAT (150 points), DCAT (500 points), FCAT (1,000 points), and FCAT# (every additional 500 points).

To learn more about CAT or Fast CAT, including the complete rule book, please visit the AKC website. <https://images.akc.org/pdf/rulebooks/AKC1812-REFCAT.pdf>

**CAT & Fast CAT are open to all dogs 12 months of age or older that are individually registered with the AKC, Foundation Stock Service (FSS), Purebred Alternative Listing (PAL), or AKC Canine Partners.**

### **ADDITIONAL GUIDELINES FOR HANDLERS**

- If revisions to the premium are necessary, the most up-to-date version can be found on [saltydogscoursing.com](http://saltydogscoursing.com). Event updates may also be posted in the Salty Dogs Coursing Facebook group.
- You will be expected to have complete info for your dog. Incomplete entries WILL NOT BE ACCEPTED.
- Coursing is an athletic activity that can tax a dog's physical strength. Dogs that are overweight and/or out of condition may be at greater risk for injury and exhaustion. The inspection committee has the authority to disallow a dog's entry into a test, and in such instances, applicable entry fees will be refunded.
- Battery-powered or gas-powered continuous loop equipment will be used. Lures consist of plastic bags. Electronic timing system will be used, with manual timing as a backup if needed. The course will be on a natural (grass) surface.
- The Fast CAT running lane will be enclosed with temporary fencing, including the catch pen which will be at least 50 yards long. It is strongly recommended that prior to running your dog, you have good "recall" control, as the dogs will be off leash.
- Handlers are advised to warm up their dogs prior to their run and walk them for 5-10 minutes afterwards.
- Dogs will be brought to the start line on leash and released upon a verbal signal ("Tally-Ho!") from the huntmaster or after the lure is in motion. The huntmaster is responsible for field safety and therefore is in complete charge of all dogs and handlers on the field. In service to this responsibility, he/she has the authority to stop the lure in any potentially dangerous situation and signal the handler to retrieve their dog.
- Handlers are not allowed to walk down the Fast CAT course before an official run.
- If the dog eliminates on the field during the course, this will be considered a non-qualifying run.
- It is recommended that handlers have someone familiar with the dog at the end of the course to catch the dog, or have someone else release their dog at the start line. Handlers are expected to promptly secure the dog and leave the field with the dog on leash.
- Recalls back to the start line are not allowed. Handlers are allowed to call the dog from the catch area. Toys or treats may be used to help catch the dog, but must be concealed until the dog crosses the finish line.
- A \$5.00 fine may be assessed for any loose dog on the event grounds that is not participating in the course in progress.
- Exhibitors should follow their veterinarian's recommendation to ensure their dogs are free of internal and external parasites, any communicable diseases, and have appropriate vaccinations.
- Any person, upon reasonable complaint, may be asked to leave the grounds by the Field Committee and may be disciplined by the AKC. Children must be under control of their parents or guardian(s) at all times.
- Females in season and lame dogs will be excused, and entries will be refunded.
- After the closing date, refunds for any other cause are at the discretion of the field committee.

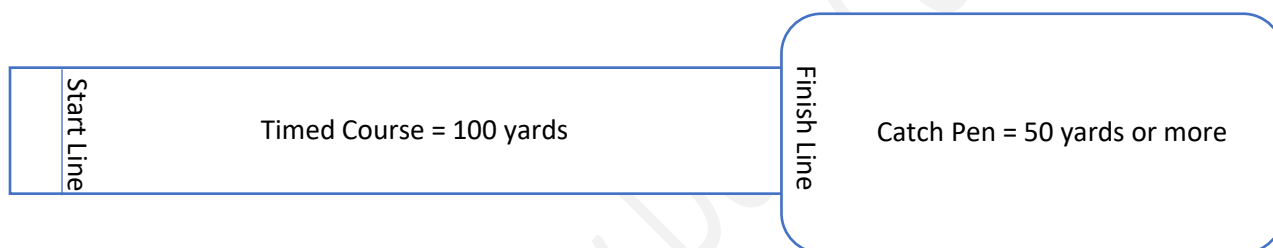
- No entry fees will be refunded if the event cannot be started or completed by reason of riots, civil disturbances, fire, extreme and/or dangerous weather conditions, public emergency, act of a public enemy, strikes, or any other cause beyond the control of the club or its members and representatives.
- ALL DOGS RUN AT OWNER'S SOLE RISK. The event-hosting club, its agents, members, representatives, volunteers, etc., and Salty Dogs Coursing, assume no liability or responsibility for any loss, damage, or injury sustained by exhibitors, handlers, spectators, or to any of their dogs or property before, during, or after this event.

## **Course Plans**

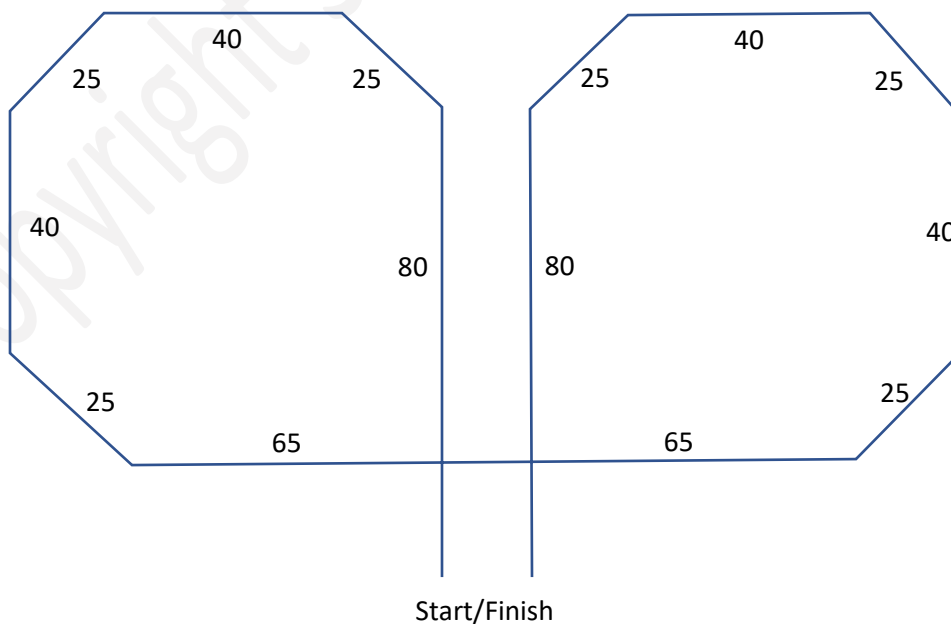
\*Not drawn to scale

\*Course layout may be modified based on field conditions at the time of setup

### **Fast CAT (100 yards)**



### **CAT (600 yards)**



## DOG-FRIENDLY LODGING

Please contact the hotel/motel/campground to confirm pet policies and fees. Please keep your rooms clean and pick up after your dogs to ensure use of these hotels/motels and campgrounds in the future. MISCONDUCT WILL RESULT IN AN EVENT COMMITTEE HEARING.

### Hotels/Motels:

Home2Suites ..... 375 Liberty Street, Thomasville, GA ..... 229-233-5236  
Hampton Inn ..... 1950 GA Highway 122, Thomasville GA ..... 229-227-0040

### Campgrounds:

Eastern Pines RV Park ... 277 Old Boston Rd, Thomasville, GA ..... 833-682-4508

There are a limited number of RV hookups available on site at the Deep South Fairgrounds, \$25 per night. For reservations email Jamie at [mom.jamie@gmail.com](mailto:mom.jamie@gmail.com)

*Tip: Try checking Airbnb or BringFido.com for other pet-friendly accommodations. 😊*

## EMERGENCY INFORMATION:

Thomasville Animal Hospital  
1103 Smith Ave, Thomasville, GA 31792  
[229-226-4561](tel:229-226-4561)  
[229-338-7313](tel:229-338-7313) (after hours til 10pm)  
(2.5 miles/5 min. from event)

Allied Vet Hospital – open 24/7  
2324 Centerville Rd,  
Tallahassee, FL 32308  
[850-222-0123](tel:850-222-0123)  
(34 miles/45 min. from event)

Other emergency numbers:  
*Ambulance Service/Fire Department/Police ..... 911*

## Official Event Photographers:

Fast CAT – Kim Langevin  
[Blue Dog Photography](#)



CAT – Megan McCoy  
[Paws In Focus Photography](#)



## Official American Kennel Club Lure Coursing Entry Form

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            |                                                                                                                                                                                               |                                                  |                                                                                                                   |  |
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| <b>Club:</b> ORKC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            | <input type="checkbox"/> Fri. Nov. 6, 2026 Test #1                                                                                                                                            |                                                  | <input type="checkbox"/> Fri. Nov. 6, 2026 Test #2                                                                |  |
| <b>Location:</b> Thomasville, GA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            | <input type="checkbox"/> Sat. Nov. 7, 2026 Test #1                                                                                                                                            |                                                  | <input type="checkbox"/> Sat. Nov. 7, 2026 Test #2                                                                |  |
| <input type="checkbox"/> Sun. Nov. 8, 2026 Test #1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            | <input type="checkbox"/> Sun. Nov. 8, 2026 Test #2                                                                                                                                            |                                                  |                                                                                                                   |  |
| <b>Event:</b><br><input checked="" type="checkbox"/> <b>FCAT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Breed:</b>              | <b>Dog's Height:</b><br><input type="checkbox"/> Under 12" <input type="checkbox"/> 18" and over<br><input type="checkbox"/> 12" to under 18" <input type="checkbox"/> Unsure/needs measuring |                                                  |                                                                                                                   |  |
| <b>Date of Birth:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>AKC Registration #:</b> | <b>Sex:</b>                                                                                                                                                                                   | <b>I enclose entry fees in the amount of \$:</b> |                                                                                                                   |  |
| <b>Call Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            | <b>ILP/PAL # or Foreign Reg. # &amp; Country</b>                                                                                                                                              |                                                  |                                                                                                                   |  |
| <b>Full (Registered) Name of Dog:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |                                                                                                                                                                                               |                                                  |                                                                                                                   |  |
| <b>Actual Owner(s):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                                                                                                                                                                                               |                                                  |                                                                                                                   |  |
| <b>Owner's Address:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                                                                                                                                                                                               |                                                  |                                                                                                                   |  |
| <b>City:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            | <b>State:</b>                                                                                                                                                                                 |                                                  | <b>Zip code:</b>                                                                                                  |  |
| <b>Name of Owner's Agent/Handler (if any) at Event:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                                                                                                                                                                                               |                                                  |                                                                                                                   |  |
| <p>AKC Rules, Regulations, Policies and Guidelines are available on the American Kennel Club website: <a href="http://www.akc.org">www.akc.org</a></p> <p><b>AGREEMENT</b></p> <p>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. I (we) certify and represent that the dog entered is not a hazard to persons or other dogs. 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 claim for loss, injury or damage to this dog. Additionally, I (we) hereby assume the sole responsibility for and agree to indemnify, defend and save 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 have been caused by the negligence of the aforementioned parties or any of their employees, agents, or any other person. I (we) agree that the determination of whether the injury is serious shall be made by the event veterinarian and is binding on me (us). I (WE) AGREE THAT ANY CAUSE OF ACTION, CONTROVERSY OR CLAIM ARISING OUT OF OR RELATED TO THE ENTRY, EXHIBITION OR ATTENDANCE AT THE EVENT BETWEEN THE AKC AND THE EVENT-GIVING CLUB (UNLESS OTHERWISE STATED IN THIS PREMIUM LIST) AND MYSELF (OURSELVES) OR AS TO THE CONSTRUCTION, INTERPRETATION AND EFFECT OF THIS AGREEMENT SHALL BE SETTLED BY ARBITRATION PURSUANT TO THE APPLICABLE RULES OF THE AMERICAN ARBITRATION ASSOCIATION. HOWEVER, PRIOR TO ARBITRATION ALL APPLICABLE AKC BYLAWS, RULES, REGULATIONS AND PROCEDURES MUST FIRST BE FOLLOWED AS SET FORTH IN THE AKC CHARTER AND BYLAWS, RULES, REGULATIONS, PUBLISHED POLICIES AND GUIDELINES.</p> |                            |                                                                                                                                                                                               |                                                  |                                                                                                                   |  |
| <b>Signature of owner or his/her agent<br/>duly authorized to make this entry:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |                                                                                                                                                                                               |                                                  |                                                                                                                   |  |
| <b>Telephone:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            | <b>Email:</b>                                                                                                                                                                                 |                                                  |                                                                                                                   |  |
| <b>FRIDAY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            | <b>SATURDAY</b>                                                                                                                                                                               |                                                  | <b>SUNDAY</b>                                                                                                     |  |
| ___ Worker Block    ___ No Preference<br>___ 9:00-10:00      ___ 1:00-2:00<br>___ 10:00-11:00     ___ 2:00-3:00<br>___ 11:00-12:00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            | ___ Worker Block    ___ No Preference<br>___ 9:00-10:00      ___ 1:00-2:00<br>___ 10:00-11:00     ___ 2:00-3:00<br>___ 11:00-12:00                                                            |                                                  | ___ Worker Block    ___ No Preference<br>___ 9:00-10:00      ___ 11:00-12:00<br>___ 10:00-11:00     ___ 1:00-2:00 |  |

**ONLINE ENTRIES ARE PREFERRED! SEE PAGE 2. This form may also be used for day-of entries.**

## Official American Kennel Club Lure Coursing Entry Form

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               |                                                    |  |                                                    |                                                  |
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| <b>Club:</b> ORKC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               | <input type="checkbox"/> Fri. Nov. 6, 2026 Test #1 |  | <input type="checkbox"/> Fri. Nov. 6, 2026 Test #2 |                                                  |
| <b>Location:</b> Thomasville, GA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               | <input type="checkbox"/> Sat. Nov. 7, 2026 Test #1 |  | <input type="checkbox"/> Sat. Nov. 7, 2026 Test #2 |                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               | <input type="checkbox"/> Sun. Nov. 8, 2026 Test #1 |  | <input type="checkbox"/> Sun. Nov. 8, 2026 Test #2 |                                                  |
| <b>Event:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Breed:</b> |                                                    |  |                                                    |                                                  |
| <input checked="" type="checkbox"/> CAT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                                                    |  |                                                    |                                                  |
| <b>Date of Birth:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               | <b>AKC Registration #:</b>                         |  | <b>Sex:</b>                                        | <b>I enclose entry fees in the amount of \$:</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               |                                                    |  |                                                    |                                                  |
| <b>Call Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                                                    |  | <b>ILP/PAL # or Foreign Reg. # &amp; Country</b>   |                                                  |
| <b>Full (Registered) Name of Dog:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |                                                    |  |                                                    |                                                  |
| <b>Actual Owner(s):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                                                    |  |                                                    |                                                  |
| <b>Owner's Address:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                                                    |  |                                                    |                                                  |
| <b>City:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               | <b>State:</b>                                      |  | <b>Zip code:</b>                                   |                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               |                                                    |  |                                                    |                                                  |
| <b>Name of Owner's Agent/Handler (if any) at Event:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                                                    |  |                                                    |                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               |                                                    |  |                                                    |                                                  |
| <p>AKC Rules, Regulations, Policies and Guidelines are available on the American Kennel Club website: <a href="http://www.akc.org">www.akc.org</a></p> <p style="text-align: center;"><b>AGREEMENT</b></p> <p>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. I (we) certify and represent that the dog entered is not a hazard to persons or other dogs. 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 claim for loss, injury or damage to this dog. Additionally, I (we) hereby assume the sole responsibility for and agree to indemnify, defend and save 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 have been caused by the negligence of the aforementioned parties or any of their employees, agents, or any other person. I (we) agree that the determination of whether the injury is serious shall be made by the event veterinarian and is binding on me (us). I (WE) AGREE THAT ANY CAUSE OF ACTION, CONTROVERSY OR CLAIM ARISING OUT OF OR RELATED TO THE ENTRY, EXHIBITION OR ATTENDANCE AT THE EVENT BETWEEN THE AKC AND THE EVENT-GIVING CLUB (UNLESS OTHERWISE STATED IN THIS PREMIUM LIST) AND MYSELF (OURSELVES) OR AS TO THE CONSTRUCTION, INTERPRETATION AND EFFECT OF THIS AGREEMENT SHALL BE SETTLED BY ARBITRATION PURSUANT TO THE APPLICABLE RULES OF THE AMERICAN ARBITRATION ASSOCIATION. HOWEVER, PRIOR TO ARBITRATION ALL APPLICABLE AKC BYLAWS, RULES, REGULATIONS AND PROCEDURES MUST FIRST BE FOLLOWED AS SET FORTH IN THE AKC CHARTER AND BYLAWS, RULES, REGULATIONS, PUBLISHED POLICIES AND GUIDELINES.</p> |               |                                                    |  |                                                    |                                                  |
| <b>Signature of owner or his/her agent<br/>duly authorized to make this entry:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |                                                    |  |                                                    |                                                  |
| <b>Telephone:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               | <b>Email:</b>                                      |  |                                                    |                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               |                                                    |  |                                                    |                                                  |

**ONLINE ENTRIES ARE PREFERRED! SEE PAGE 2. If you would rather enter by mail,  
please print form and send to the field trial secretary's address.**

**You may also use this form for day-of entries.**