2024 MASON-DIXON I (Saturday) - ENTRY FORM

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Classes Entered	Terrier's Full Name	Owner's Name	Sex	Age	Birthdate	Height	JRTCA Reg #	Entry Fee
Make checks payable to: M. T. BATZER		Total Entry Fees: JRTCA Administrative Fee (\$2.00 reg/rec adult or pup; 7 per non-registered or recorded adult):						

Pre-Entry Fee: \$12.00 per class Post-Entry Fee: \$17.00 per class

Entries postmarked after April 6, 2024 will be considered post entries.

Send completed entry form to:

M. T. Batzer c/o Tech-Team, 16925 York Road, Ste B Monkton, MD 21111

For further information or questions:

Email:

MTBatzer@aol.com or harleyjrt1@aol.com

		Tot	al Entry F	ees:		
RTCA Adr	ninistrativ	e Fee (\$2.00	reg/rec	adult		
			0			
	RV Parki	ng night	s @ \$20/r	night:		
latter	or	Lasagr	na @ \$15/	each:		
			Class Spo	nsor:		
		1	otal Encl	osed:		
	r pup; 7 բ	r pup; 7 per non-re RV Parkii	RTCA Administrative Fee (\$2.00 r pup; 7 per non-registered or re RV Parking night latter orLasagr	RTCA Administrative Fee (\$2.00 reg/rec a r pup; 7 per non-registered or recorded a RV Parking nights @ \$20/r latter orLasagna @ \$15/ Class Spo	Total Entry Fees: RTCA Administrative Fee (\$2.00 reg/rec adult r pup; 7 per non-registered or recorded adult): RV Parking nights @ \$20/night: latter or Lasagna @ \$15/each: Class Sponsor: Total Enclosed:	RTCA Administrative Fee (\$2.00 reg/rec adult r pup; 7 per non-registered or recorded adult): RV Parking nights @ \$20/night: latter orLasagna @ \$15/each: Class Sponsor:

I hereby enter the above at my own risk, and I hereby engage to be responsible for any injury or damages that may occur to, or be caused by, any animals, vehicles, or trappings or the loss of any animal, vehicles, or trappings exhibited by me, and I further agree to be absolutely responsible for the physical condition of any animal under my control of ownership and will release, indemnify, and save harmless the Mason-Dixon Terrier Trial, Parkton American Legion., and the J.R.T.C.A., Inc. from any damage, expense, and/or liability arising out of or resulting from any act of the Exhibitor or the Mason-Dixon Terrier Trial or their agents or employees. I certify that my dogs are free from contagious disease, and that I am not a member of a conflicting JRT organization, nor do I register my Jack Russell Terriers with any conflicting JRT Club or all-breed registry.

Owner's Name:	JRTCA Mbrship #
Street:	
Town:	State: Zip:
Phone:	
Signature:	Date:

2024 MASON-DIXON II (Sunday) - ENTRY FORM

Classes Entered	Terrier's Full Name	Owner's Name	Sex	Age	Birthdate	Height	JRTCA Reg #	Entry Fee
		WAIVER I			Tot	al Entry Fe	200:	

Make checks payable to:

M. T. BATZER

Pre-Entry Fee: \$12.00 per class Post-Entry Fee: \$17.00 per class

Entries postmarked after April 6, 2024 will be considered post entries.

Send completed entry form to:

M. T. Batzer c/o Tech-Team, 16925 York Road, Ste B Monkton, MD 21111

For further information or questions:

Email:

MTBatzer@aol.com or harleyjrt1@aol.com

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BE SIGNED	V

Total Entry Fees:	
RTCA Administrative Fee (\$2.00 per pup or reg/rec adult; \$7 per non-registered or recorded adult):	
eg/rec addit, \$7 per non-registered of recorded addit).	

Class Sponsor:	

Total Enclosed:

I hereby enter the above at my own risk, and I hereby engage to be responsible for any injury or damages that may occur to, or be caused by, any animals, vehicles, or trappings or the loss of any animal, vehicles, or trappings exhibited by me, and I further agree to be absolutely responsible for the physical condition of any animal under my control of ownership and will release, indemnify, and save harmless the Mason-Dixon Terrier Trial, Parkton American Legion., and the J.R.T.C.A., Inc. from any damage, expense, and/or liability arising out of or resulting from any act of the Exhibitor or the Mason-Dixon Terrier Trial or their agents or employees. I certify that my dogs are free from contagious disease, and that I am not a member of a conflicting JRT organization, nor do I register my Jack Russell Terriers with any conflicting JRT Club or all-breed registry.

Owner's Name:	JRTCA Mbrship #
Street:	
Town:	State: Zip:
Phone:	
Signature:	Date: