

Samoyed Club of South Australia Inc.
WORKING SAMOYED AWARDS PROGRAM

WEIGHT PULL CERTIFICATION

Owner's Name _____

Handler's Name _____
(if not owner)

Name of Competition _____
(if applicable)

Location of Competition _____

Date of Competition ____ / ____ / ____

Sponsoring Organization _____

Under whose rules was the competition held? _____
(if not sponsoring organisation)

Type of Pull (tick) Wheeled Sled Type of Surface *Carpet*

Dog's Call Name _____

Dog's Registered Name _____

Registration Number _____

Dog's Weight (kg) Weight Class (kg)

Maximum Weight Pulled (kg) Number of Dogs in Class

Weight Pulled Divided by Dog's Weight ... Placing in Class

I certify that the information presented above regarding the competition is true and correct to the best of my knowledge, that the above-named dog successfully competed in the weight pull, that this form was completed prior to signing and that I officiated in the capacity indicated.

Event Coordinator Judge Timer Other _____

Official's Signature _____ ____ / ____ / ____
Date

Official's Name _____ Phone _____

Address _____
