



Personal Trial Request Form

Level: 1 2 3 4 5
One Level Per Form

Dog Call Name	Reg. #
Handler	Date
Street Address	
City	State/Province
Country	Zip/Postal Code
Email	
Any previous Qs at this Level? <input type="checkbox"/> None <input type="checkbox"/> In-person <input type="checkbox"/> Video <input type="checkbox"/> Both	
Comments <i>Include any handler modification needed.</i>	
Additional Dog	Reg. #
Any previous Level 1 Qs? <input type="checkbox"/> None <input type="checkbox"/> In-person <input type="checkbox"/> Video <input type="checkbox"/> Both	

Submission fee of \$20 per dog due with request.

NOTE: Checks drawn on Canadian Banks need to be made out in US Dollars, and unfortunately we must add a **\$6** additional handling charge.

Video submission must follow within 60 days of this request.

Mail form with payment to: C-WAGS, 3693 Fairview Ave., Jackson, MI 49203