# 2019 Fall Museum Benefit Trial I (Saturday) - ENTRY FORM

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<tr>
<th>Classes Entered</th>
<th>Terrier's Full Name</th>
<th>Owner's Name</th>
<th>Sex</th>
<th>Age</th>
<th>Birthdate</th>
<th>Height</th>
<th>JRTCA Reg #</th>
<th>Entry Fee</th>
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**Make checks payable to:**

**JRT MUSEUM**

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

*Entries postmarked after Nov 1, 2019 will be considered post entries.*

**Send completed entry form to:**

Pat Marchetti  
61A E. Killingly Road  
Foster, RI 02825

*For further information or questions:*

Email:  
YJRTN@outlook.com or office@jackrussellterriermuseum.com

**Total Entry Fees:**  
JRTCA Administrative Fee ($2.00 reg/rec adult or pup; 7 per non-registered or recorded adult):  
RV Parking ___ nights @ $20/night:  
Class Sponsor:  
Saturday at the Museum # attending ______  
Sat dinner at Casa Mia’s # attending ______  
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 Museum Benefit 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: ___________________________  
Email: ___________________________  
Signature: ___________________________  
Date: ___________________________
# 2019 Fall Museum Benefit Trial II (Sunday) - ENTRY FORM

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Make checks payable to:

**JRT Museum**

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

**Entries postmarked after November 1, 2019 will be considered post entries.**

**Send completed entry form to:**

Pat Marchetti
61A E. Killingly Road
Foster, RI 02825

For further information or questions:

Email: [YJRTN@outlook.com or office@jackrussellterriermuseum.com](mailto:YJRTN@outlook.com or office@jackrussellterriermuseum.com)

**WAIVER MUST BE SIGNED**

**JRTCA Administrative Fee ($2.00 per pup or reg/rec adult; $7 per non-registered or recorded adult):**

**RV Parking ____ nights @ $20/night:**

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 Museum Benefit 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: _______________________________ State: _______ Zip: _______

Town: _______________________________ Phone: __________________

Email: _______________________________ Date: __________

Total Entry Fees: __________________

Entry Fee: __________________