



JRT MUSEUM BENEFIT TRIAL
Sunday Nov 02,2025

Owners Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
JRTCA Membership Number: _____

Pre-entry Fee: \$14.00 per class Post-entry Fee \$19.00

All entries postmarked after **OCT 17,2025**, will be considered POST-ENTRIES
Payment must be included with entry form to obtain pre-entry rates. Please
Include a copy of your current JRTCA membership certificate with your entries
Thank You! For further information, please call Denise DeCosta
508-509-7021

Make checks payable to **JRT Museum**

Send entry forms and check to:
Denise DeCosta
1 Welcome St
Fairhaven, MA 02719 phone:508-509-7021
Email: jrtemuseum@gmail.com

<u>Classes Entered</u>	<u>Terriers Full Name</u>	<u>Owners Name</u>	<u>Sex</u>	<u>DOB</u>	<u>Age</u>	<u>Height</u>	<u>Coat</u>	<u>JRTCA#</u>	<u>Entry Fee</u>

WAIVER MUST BE SIGNED

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 to 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 **JRT MUSEUM TRIAL, LITTLETOWN FRATERNAL ORDER OF EAGLES, LITTLETOWN, PA.** and /or the **JRTCA INC.** From any damages, expenses and or liability arising out of or resulting from any act of the Exhibitor or the JRTMUSEUM event or their agents or employees. I hereby certify that my dogs are free from contagious disease and that I am not a member of any conflicting JRT organization, nor do I register my Jack Russell Terriers with any conflicting JRT Club or all- Breed Registry

SIGN _____ Date _____

Total Entry Fees \$ _____
JRTCA Adm Fee \$2 /dog _____
Non- reg/rec Fee \$ 7 /dog _____
Ringside Parking \$20.00 weekend _____
\$10.00 per day _____
Sponsorship: Class# _____
Total _____