



NUTMEG WEIMARANER CLUB
RATING TEST

SATURDAY, May 31, 2008

WCA National Week
Markover Hunting Preserve,
Danielson, Connecticut 06239

Mail entries, with check payable to:
Nutmeg Weimaraner Club c/o
Cheryl Lent, Rating Test Secretary
PO Box 128
Hebron, Connecticut 06248

NOTE EARLY CLOSING DATE**

May 21, 2008 at 6:00 PM

Drawing will take place May 22 at 7:00 PM

Tests Offered
Novice Retrieving Dog
Retrieving Dog
Retrieving Dog Excellent

Rating Test Judges
Phil Warren Richard Achin
3212 Vance Rd 47 Fales Rd
Monkton, MD 21111 Plainville, MA 02762

Test Schedules and entry fees:
RDX\$58
RD\$48
NRD\$35

Bitches in season may compete; however, they must be confined throughout the day and will be tested last.

Lunch provided for a fee.

Remember to bring water for your dogs!!!!

Courses and Birds

Blaze orange is required of all participants. Chukar and/or Pigeon all tests. Other game may be encountered. Blank pistols only may be fired except by official guns.

Club Officers

President David Martin
Vice President Pat Sandillo
Treasurer John Morrill
Recording Secretary Cheryl Lent
Corresponding Secretary, Audrey Meinke

Rating Test Committee

Chairperson Pat Sandillo
WCA Rep Bob Chalifoux
Secretary Cheryl Lent
libertyweim@hotmail.com
860-280-5539

Marshall Chris Smith
Official Gun Audra Jaconetti

Directions from Crowne Plaza

Left out of hotel driveway, left at traffic light (Rt 113). Right onto Rt 2 N. Right onto 295 N. Take Exit 6, Rt 6. W. Follow Rt 6 W for approx. 5 miles, continue west on Rt 101 for approx. 13 miles. Left turn onto Cook Hill Rd. Go 0.9 miles to Markover on right.

OFFICIAL ENTRY FORM
NUTMEG WEIMARANER RATING TEST
Markover Hunting Preserve
Danielson, Connecticut 06239
SATURDAY, MAY 31, 2008

Mail entries with fee to: Cheryl Lent, PO Box128, Hebron, CT 06248

I SUBMIT \$_____ FOR ENTRIES circle one NRD RD RDX

NAME OF DOG (PRINT)

CALL NAME

AKC REG. NUMBER

COUNTRY OF REGISTRY

BREED WEIMARANER

M ____
F ____

DATE OF BIRTH

SIRE

DAM

BREEDER

NAME OF ACTUAL OWNER

OWNERS ADDRESS

STREET

CITY

STATE

ZIP

NAME OF HANDLER

SIGNATURE

OF OWNER OR AGENT DULY AUTHORIZED TO MAKE THIS ENTRY