



## LRCPV Working Certificate – June 6, 2021

WC Chair: Annmarie Wilson  
6 Dara Lane  
Suffield, CT 06078  
860-944-3208  
Annmarie@wilannlabradors.com

WC Secretary: Lyn Blanchard  
3 Barbara Lane  
Stafford Springs, CT 06076  
860-833-0911  
lblanchard0612@cox.net

Entries Limited - First 50 Entries

Date - Sunday June 6, 2021

Start Time -9:00AM

Test Headquarters – NodBrook WMA, 86 Hopmeadow St., Simsbury (Weatogue), CT 06089

**ENTRIES BY MAIL: will close with the LRCPV WC Secretary 6:00PM; Wednesday, May 26, 2021 after which time NO Mailed Entries will be accepted!!!**

**ENTRY FEES:** \$48.00 Send entry forms with check payable to LRCPV. (US funds) to the **WC Secretary**

**SAME DAY ENTRIES:** accepted until 9:00AM Sunday, June 6, 2021 by the WC Secretary; until the entry limit is met.

**COVID: Masks and Social Distancing will be required. No Spectators allowed.**

**Please bring the attached Waiver Form with you on the Day of the test, do not mail.**

### **WORKING CERTIFICATE TEST REQUIREMENTS:**

1. A land single of a shot bird over a distance of approximately 50 yards in light cover.
2. Back-to-back singles in the water. One bird should be retrieved in swimming water if possible.
3. The dog is not required to be steady or to deliver to hand; however the judge(s) may designate an area for delivery.
4. The dog should not be gun shy.

Dark clothing or camouflage clothing is NOT required to be worn at this test.

**BIRDS:** Ducks will be used on all series.

**JUDGES:**

WC Ms. Nancy Brandow, 1117 Main Rd., Bradford, ME 04410

WC Mr. Anthony Emilio, 56 Babbitt Hill Rd., Pomfret Center, CT 06259

**PRIZES:** Qualifiers will receive a LRCPV Club Rosette, Bird Band, and a Working Certificate.

**BITCHES IN SEASON MAY RUN LAST.** Please be respectful of fellow exhibitors and air your bitch away from the test site. Entry fees paid for any dog or bitch withdrawn because of injury or illness or death, shall be returned in full by the LRCPV. Refunds for any of these scratches will be made only upon written application and submission of an appropriate veterinarian's certificate to the Test Secretary within two weeks after the close of the test.

**RUNNING ORDER WILL NOT BE E-MAILED. PLEASE CHECK THE FOLLOWING SITES FOR RUNNING ORDER:**

<http://www.lrcpv.org/working-certificate.html>

<https://www.facebook.com/Labrador-Retriever-Club-of-the-Pioneer-Valley-Inc>



## OFFICIAL ENTRY FORM: LABRADOR RETRIEVER CLUB of the PIONEER VALLEY

**Note:** This Entry Form Must Be Completed in Full

### LRCPV WORKING CERTIFICATE TEST

**WC Secretary:** Lyn Blanchard 3 Barbara Lane, Stafford Springs, CT 06076 860-833-0911

**E-Mail:** lblanchard0612@cox.net

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### WC Entry Form to complete and mail to the WC Secretary.

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I submit \$\_\_\_\_\_ for entry fees

PLEASE PRINT or TYPE

FULL NAME OF DOG: \_\_\_\_\_

CALL NAME \_\_\_\_\_ COAT COLOR \_\_\_\_\_

AKC Reg. Number \_\_\_\_\_

or AKC Litter Number (if Dog not Reg.) \_\_\_\_\_

or Foreign Reg. Number \_\_\_\_\_ and Country of Registry \_\_\_\_\_

BREED \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Birth Date \_\_\_\_\_

BREEDER \_\_\_\_\_

SIRE \_\_\_\_\_

DAM \_\_\_\_\_

ACTUAL OWNER(S) \_\_\_\_\_

OWNER'S ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

Name of Handler (Print) \_\_\_\_\_

I CERTIFY that I am the actual owner of the dog, or that I am the duly authorized agent of the actual owner whose name I have entered above. In consideration of the acceptance of this entry, I (we) agree to abide by the rules of The Labrador Retriever Club of the Pioneer Valley and any decisions made in accord with them and I further agree that the dog is entered in and will be at this test at my own risk and that I will hold the test-giving club, its members and agents free from liability for any claims arising out of the entry of the dog or its presence at the event.

SIGNATURE \_\_\_\_\_

Owner or Agent duly authorized to make this entry.

Address of Agent (if anyone signs the above line for the Owner)

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

# COVID-19 WAIVER

## LABRADOR RETRIEVER CLUB OF THE PIONEER VALLEY, INC.

June 6, 2021

**NOTICE: ANYONE WHO ATTENDS THESE EVENTS MUST SIGN THIS FORM –  
NO EXCEPTIONS!**

**THIS IS FOR EXHIBITORS, OWNERS, HANDLERS, BREEDERS, ASSISTANTS, FAMILY MEMBERS, FRIENDS, ETC. IF YOU ARE ON THE GROUNDS THIS FORM MUST BE ON FILE. THIS ALSO INCLUDES MINOR CHILDREN UNDER 18 YEARS OF AGE.**

I fully attest to the best of my knowledge that I do not have COVID-19 at the time of attending this event. I also attest that I have NOT been in contact with or exposed to any known carrier of COVID-19 within the past 14 days. I agree that I am attending these events entirely at my own risk and take full responsibility for my own health and safety during these events. I will follow all Labrador Retriever Club of the Pioneer Valley, Inc. rules, requirements, procedures, protocols and guidelines to reduce any exposure and possibility of contracting or spreading the virus. I will follow CDC, Federal, State of Connecticut, and Town of Simsbury and Nod Brook WMA guidelines regarding COVID-19.

I fully submit that the Labrador Retriever Club of the Pioneer Valley, Inc., Site Control, all other contracted staff, Nod Brook WMA and their employees, and any workers or volunteers, are in no way liable for any present or future COVID-19 exposure incurred at any time by any person, in attendance or not in attendance, during or after these events, and hereby waive all rights to file a lawsuit against the above if I am exposed to COVID-19.

By signing this waiver below, I hereby agree to follow everything contained within this waiver.

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Signature Signature of Parent/Guardian/Handler

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Print Name Print Name of both Signer and Minor

---

Date Minor Child under 18 Yrs. Signature

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Date

**PLEASE PRINT, FILL OUT & BRING THIS FORM WITH YOU.**