



## LRCPV Working Certificate – June 9, 2024

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 9, 2024

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 29, 2024 after which time NO Mailed Entries will be accepted!!!**

**ENTRY FEES:** \$55.00 Send entry forms with check payable to LRCPV. (US funds) to the **WC Secretary**

**SAME DAY ENTRIES:** accepted until 9:00AM Sunday, June 9, 2024 by the WC Secretary; until the entry limit is met.

**Note:** The LRC Inc. will require a Dilute Test for the Official LRC Certificate, however the LRCPV **Does NOT** require this test to receive your WC Certificate.

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

WC Ms. Tami Wilson, 674 Airline Road, Amherst, ME 04605

**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 Entry fees paid for any dog or bitch withdrawn because of injury or illness or death, shall be returned in full by the LRCPV.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.

**SAME DAY ENTRIES:** accepted until 9:00AM Sunday, June 9, 2024 by the WC Secretary; until the entry limit is met.

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 \_\_\_\_\_