

**WESSA Working Certificate Test & Pot Luck Picnic**

**June 23, 2024 - 9:00 AM**

**RICHARD BONG STATE RECREATION AREA 26313 Burlington Rd. Kansasville, WI 53139**

A Wisconsin State Park System vehicle admission sticker is required on all motor vehicles stopping in state parks.

**Working Certificate Tests and Pot Luck Picnic.** It's a great time to get together and watch our dogs work.

The test is open to all Flushing Spaniels. Our judges will be Gretchen DeGroot and Karen Lumb. Entry fee is \$30.00. Pigeons or chukers will be used for the test. Entries close June 19, 2024.

**HOMEMADE PIZZAS** after the tests. Please, bring a snacks or desserts to pass, chairs and whatever you'd like to drink. As usual the pups can play in the ponds and practice field work after the tests. **Be sure to purchase practice birds. Please see Reservations form, below.**

Please RSVP the Secretary prior to the event so we have a number estimate for purchasing birds.

**Secy — Mary Daniel**  
**Email: mhdaniel44@gmail.com**

**Birds for the Hunt Test Practice will cost \$15.00 each.**

**Please use the reservation form below.**

**Flushing Spaniel**  
**Open to ALL Flushing Spaniels**  
**WORKING CERTIFICATE TEST**

**\$30.00 PER ENTRY**  
 (checks made payable to WESSA)  
**Judge/s: Gretchen DeGroot, Karen Lumb**  
**Chairman — Karen Lumb**  
**Secy — Mary Daniel**

**Date: June 23, 2024 Time: 9:00 AM**  
**Location: Richard Bong State Recreation Area, 26313 Burlington Rd. Kansasville, WI 53139**

Send entries to: Mary Daniel, 309 Wisconsin Ave, Delafield, WI 53018

**AGREEMENT**

<b>Breed:</b>	<b>Reg.#:</b>	<b>Sex:</b>	<b>Date of Birth</b>
<input type="checkbox"/> AKC No. <input type="checkbox"/> AKC Litter No. <input type="checkbox"/> ILP <input type="checkbox"/> Foreign No.& list coun-			
<b>Full Name of Dog:</b>		<b>Call Name:</b>	
<b>Sire:</b>			
<b>Dam:</b>			
<b>Name of Breeder:</b>			
<b>Actual Owner(s):</b>			
<b>Owner's Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
Telephone:		Email:	

I (we) agree that the club holding this event has the right to refuse this entry for cause which the club shall deem sufficient. In consideration of the acceptance of this entry and of the holding of this event and of the opportunity to have the dog judged and to win prizes, ribbons, or trophies. I (we) agree to hold the event-giving club, their members, directors, governors, officers, agents, superintendents or event secretary and the owner and/or lessor of the premises and any provider of services that are necessary to hold this event and any employees or volunteers of the aforementioned parties, and any judge, judging at this event, harmless from any claim for loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of this dog while in or about the event premises or grounds or near any entrance thereto, and I (we) personally assume all responsibility and liability for any such claim; and I (we) further agree to hold the aforementioned parties harmless from any claim for loss, injury or damage to this dog.

Additionally, I (we) hereby assume the sole responsibility for and agree to indemnify, defend and save the aforementioned parties harmless from any and all loss and expense (including legal fees) by reason of the liability imposed by law upon any of the aforementioned parties for damage because of bodily injuries, including death at any time resulting therefrom, sustained by any person or persons, including myself (ourselves), or on account of damage to property, arising out of or in consequence of my (our) participation in this event, however such, injuries, death or property damage may be caused, and whether or not the same may have been caused or may be alleged to have been caused by the negligence of the aforementioned parties or any of their employees, agents or any other persons.

**Signature of owner or his agent duly authorized to make this entry:**

Dated

**RESERVATIONS DUE JUNE 19, 2024**

I would like to enter \_\_\_ dog(s) in the test.

Name: \_\_\_\_\_ Tele: \_\_\_\_\_ Number of Practice Birds: \_\_\_\_\_

**Enclosed is my check payable to WESSA for \_\_\_\_\_ to cover entry fees .**

**SEND to: Mary Daniel, 309 Wisconsin Ave, Delafield, WI 53018**