**The United States Police Canine Association, Inc**

**Region 5 Trials**

**Middletown, Ohio May 5th - 8th, 2024**

**Registration Form**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**State:** \_\_\_\_\_\_\_\_\_\_\_ **Zip:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Agency:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agency Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**State: \_\_\_\_\_\_\_\_\_\_\_ Zip:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**K-9 Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age:** \_\_\_\_\_\_\_\_ **Breed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***All teams must have USPCA membership up-to-date and trial fees paid prior to participating.***

**Registration Fee:**

Will be certifying in (Check all that apply):

[ ]  Marijuana [ ]  No Marijuana

[ ]  Patrol Dog (PD1) $125 [ ]  Tracking $50 [ ]  Narcotic Detection $125 [ ]  Explosive Detection $125

[ ]  Human Trafficking $125

Banquet is included. How many guests including yourself will be attending the

detector banquet? \_\_\_\_ Choose an item. PD1 banquet \_\_\_\_ Choose an item.

**Mail to: Middletown Police Department**

 **ATTN: Teri Gibson**

 **One Donham Plaza**

 **Middletown Ohio 45042**

**Checks made payable to Middletown FOPA #2**

**Email Teri Gibson at** **terig@cityofmiddletown.org** **for any financial questions.**

**I hereby waive and relinquish the USPCA and all its Regions and Districts, the Middletown Police Department, and all other event organizers from any injury to myself or K9 while participating in these events. I also agree to abide by the rules established by the USPCA while attending this event. My K9 is currently up to date on all required vaccinations. I accept responsibility for any damage caused by me or my K9 to the hotel, property, or any other person while attending this event.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**