

The Dog Training Club of Chester County, PA. Inc., hosts

National Association of Canine Scent Work, LLC®

ODOR RECOGNITION TESTS Odors: Birch, Anise, Clove

Sunday, October 21, 2018

Test Location:
DTCCC Training Center
880 Springdale Drive, Suite 100, Exton, PA, 19341

Entry method -First received By USPS Mail.
Overnight deliveries must have the signature waived box checked.

Entries close Wednesday, October 17th at 5pm or when entry limits have been met.

Entries are LIMITED to 100 tests.



The Dog Training Club of Chester County, PA 880 Springdale Drive, Suite 100, Exton, PA, 19341

www.DTCCC.org

Odor
Birch, Anise, Clove

Test Secretary

Judy Bonner, 267 McCoy Lane, Leesport, PA 19533 banrif@comcast.net cell: 484-671-2435

Veterinarians

Hope Veterinary Services, 40 Three Tun Rd, Malvern, PA 610-296-2099

Test Site Information

The testing site is a dog training facility located in a business park. Abundant parking and green space. Flooring is $\frac{3}{4}$ " interlocking agility foam mats. There will be separate entry and exit doors to the testing area. Easy access. All dogs must be crated in your car until they are being tested, as there is no inside crating permitted for the ORT test. Please be courteous of the neighboring businesses and restrict dog walking away from other businesses. You are responsible for picking up after your dog. Please bring your own lunch as needed. Several sit down and fast food restaurants are within 5 to 10 minutes of the facility. All dogs must be on a 6' leash at all times when not being tested. No flexi-leashes for walking dogs on test site grounds; flexis may be used in the test itself.

Entry Requirements

The handler of the dog must be a current member of the NACSW™. The Dog must be registered with the NACSW™. For information on how to register or become a member go to www.NACSW.net

Trial Eligibility and ORTs

An ORT must be taken and passed at least 14 days before a trial opening date to be eligible for the first draw period.

Entry Fee and Second Dog Policy

\$35.00 first odor per dog. \$25.00 subsequent odor per dog.
Please fill out a separate registration form for each dog to be tested.
Make checks out to DTCCC.
Handlers are limited to two dogs per odor.

Closing Date

5pm, Wednesday, October 17, 2018
Overnight mail entries must have the signature request waived.

Refund Policy

Cancellations will be refunded minus a \$15 administration fee. No refunds after October 19.
Cancellations to be made by e-mail to banrif@comcast.net
The secretary is not responsible for lost e-mails or calls that do not reach her.
The secretary will send an e-mail back to the participant confirming the cancellation.
ENTRY FEES shall not be refunded in the event that a dog is absent, disqualified, or excused by the NACSW™ official or judge.

Video/Photography Policy

ORT participants are allowed to have a friend or family member video/photograph their test. ORT participants are not allowed to video/photograph one another. ORT hosts are not obligated to provide someone to video/photograph.

ADA Requests

If you are an individual with a disability and would like to request accommodation(s), please email ADA@nacs.w.net. Please include your name, ORT date, ORT host name, and your requested accommodation(s).

Directions to Test Site

DTCCC is located at 880 Springdale Drive, Suite 100 in the Whiteland Business Park on Business Rt. 30 between Ship Road and the Rt. 202 and Rt. 30 Bypass Frazer/Exton interchange.

From North and East: PA Turnpike to Valley Forge Exit (Exit 326). Take Route 202 South/West Chester to Route 30 (Exton/Frazer). At the light, follow signs for Route 30 West Business for approximately 3/4 mile and turn left at traffic light onto Springdale Drive (Whiteland Business Park).

****We are the first building on the left. The entrance faces Springdale Drive. Look for the black awning above the door. Parking is available in the lots along both sides of the front entrance.**

From West: Take PA Turnpike to Downingtown/Route 100 Exit (Exit 312). Follow Route 100 South to Route 30. Go east on Route 30 for approx. 1 1/2 miles and turn right onto Springdale Road and then follow as above.**

From South: Take I-95 to Route 202 North. Take exit for Route 30 West/ Frazer and follow as above.**



Dog Friendly Hotels near test site*

Hampton Inn, 4 N. Pottstown Pike, (Rt 100) Lionville, PA 610-363-5555
Sheraton Hotel, 707 E. Lancaster Ave., Frazer, PA 610-524-1894. Pets under 80 lbs.

Sonesta Suites, Rt. 29 and Rt. 30, Malvern, PA 610-296-4343. Pets under 50 lbs.

**Call to make sure dog policies are still in effect.*

TEST Information - Notice to Exhibitors

THE TEST SITE will be open from 7:45 am to end of testing.

CHECK IN and HANDLER BRIEFING: Detailed information about running times and briefings will be sent via email approximately a week before the ORT

NO SPECTATORS ARE PERMITTED IN THE SEARCH AREA during the ORT except NACSW™ officials, adults accompanying a minor, CNWI-in-training, or immediate family members/friends of the dog/handler team currently being tested.

ENTRIES:

- TELEPHONE, FAX, UNSIGNED ENTRIES, AND ENTRIES RECEIVED WITHOUT FEES cannot be accepted.
- RETURNED CHECKS do not constitute a valid entry fee. A charge of \$25.00 will be made for each returned check.
- ENTRIES MUST BE MADE ON THE ATTACHED ENTRY FORM.
- NO ENTRY SHALL BE MADE AND NO ENTRY SHALL BE ACCEPTED, WHICH SPECIFIES ANY CONDITIONS AS TO ITS ACCEPTANCE.
- OWNERS are responsible for errors in making out entry forms.
- EXPRESS MAIL entries must include signature permitting them to be left at the secretary's address without recipient's signature.

DOGS PRESENT will not be permitted to roam. Exhibitors are responsible for the behavior of their dogs. The owner of each dog is solely responsible for having it ready when it is to be judged. Be prepared to keep your dog in your car when not being tested or on leash at all times.

There is no inside crating at this test.

FEMALES IN SEASON - Contact your test host at least 1 day before the ORT if this becomes a possibility

DOGS PARTICIPATING in ORT must be at least six months of age and must appear to be healthy on trial day and should be current on all vaccinations required by law.

Acknowledgement of entry acceptance/CONFIRMATION will be made when entries are processed for those handlers that provide an email address. If you require a confirmation via USPS, you must provide a self-addressed stamped envelope with your entry.

BASIC DESCRIPTION OF TEST - to successfully pass an ORT a dog must identify the location of the target odor and the handler must correctly call an "alert" within a three-minute time period. The Odor Recognition Test consists of a drill type exercise which requires 12 closed boxes set up in a pattern of one or two rows, spaced a minimum of 48" apart. The ORT is conducted on leash. Complete information can be obtained on the NACSW™ website.

All exhibitors should obtain and review a copy of the NACSW™K9 NOSE WORK® RULE BOOK. You may get it from their website: www.NACSW.net

The Dog Training Club of Chester County, PA, INC

NACSW™ - Odor Recognition Test

Sunday, October 21, 2018

Entries close 5 pm, Wednesday, October 17, 2018

Test Location: DTCCC Training Center, 880 Springdale Drive, Suite 100 Exton, PA, 19341

FEES: \$35.00 Registration Fee for first odor, first dog. \$25.00 subsequent odor(s) first dog.

Payment by check or money order. **Make checks out to: DTCCC**

Please fill out a separate form for each dog entered.

Questions: Contact Judy Bonner banrif@comcast.net or call 484-671-2435.

Please mail this completed form(s) **INCLUDING FEES and WAIVER** via USPS with your registration fee to:

ORT TEST- Attn: Judy Bonner 267 McCoy Lane, Leesport, PA 19533

Entries received without fees, form, and waiver will not be processed.

Odor: Birch Anise Clove

Total fees for this dog \$ _____

Dog's Call Name _____

Is this a "red bandana " dog? Yes No

Breed(s) _____

Dog's NACSW™ # _____

Handler's Name _____

Handler's NACSW™ Membership # _____

Address _____

City _____ State _____ Zip _____

Phone where you can easily be reached _____

E-mail Address _____ **PLEASE PRINT CLEARLY!**

An ORT must be taken and passed at least 14 days before a trial opening date to be eligible for the first draw period.

Please contact your host at least 1 day before the ORT if your female dog will be in season. All confirmations will be sent via e-mail with attachment within 7 days of receipt of complete registration form and payment.
If you require a confirmation via USPS, you must provide a self-addressed stamped envelope.

THIS SIGNED AND DATED FORM MUST BE INCLUDED WITH YOUR REGISTRATION

Cancellation and Refund Policy

All cancellations must be in writing and will be confirmed by return email. Your cancellation will not be valid without a written confirmation of receipt from DTCCC. Refunds will be subject to a \$15 administrative fee. No refunds for cancellations after Oct. 19, 2018. No refund for no-shows. Working spots are non-transferable.

NACSW Waiver

I/We hereby assume all risks of, and responsibility for, accidents and/or damage to myself or to my property or to others, resulting from the actions of my dog. I/We expressly agree that <test host/location>, and/or NACSW™ or any other person, or persons, of said groups, shall not be held liable personally, or collectively, under any circumstances, for injury, and/or damage to my person, for loss or injury to my property, whether due to uncontrolled dogs or negligence of any member of said groups, or any other cause, or causes.

I have read, understand and agree to the above:

X _____
Name (Print) Signature Date

DTCCC Liability Waiver

This document records the agreement of the undersigned owner of any dog (a) being trained at or otherwise utilizing the facilities of the Dog Training Club of Chester County, Inc. ("DTCCC"), (b) participating in any event in which DTCCC is acting, at its facility or other premises, as a sponsor, facilitator or participant of and at a dog training or competition event, seminar, exhibition, show or fundraiser (together "Activity"), (c) that within the scope hereof DTCCC includes its directors, officers, members, agents and independent contractors while performing their respective DTCCC duties and actions, and (d) as such owner I hereby affirm:

- A. I understand that my attendance and participation in any Activity is not without risk to myself, my dog(s) or any family member or guest who might be present at an Activity. Some dogs to which I or my dog might be exposed may be difficult to control, may act aggressively towards other canines or owners and may be a cause of injury even when handled with care. In addition, while it is my responsibility to keep my dog current on vaccinations, I recognize that dogs may still be susceptible to various diseases or infections in spite of the vaccinations and may infect me or my dog. I hereby assume the risk of incurring any such infection or injury while attending any Activity and expressly release DTCCC, its directors, officers, members, agents and independent contractors of and from any and all liability of any nature, for injury or infection which I, my dog or any family member or guest may sustain, including specifically, and without limitation, any injury or infection caused by the action of another dog while participating in an Activity.
- B. I specifically understand that I am releasing, discharging and waiving forever any claim or action that I may have had, presently have, or may hereafter have for acts or other conduct by the directors, officers, members, agents or independent contractors of DTCCC.
- C. In further consideration of the foregoing and as an inducement to my participation in any Activity, I hereby agree to indemnify and hold harmless DTCCC, its directors, officers, members, agents and independent contractors, of and from any and all claims, causes of action, losses, damages, judgments, costs or expenses, including court costs and attorneys' fees, which in any way arise from my or my family member's or guest's acts, omissions and/or negligence, irrespective of whether such acts, omissions and/or negligence of DTCCC, its directors, officers, members, agents and independent contractors or any third party contributed to the loss.

X _____
Signature Date

DTCCC Photo Release Authorization

I am aware and agree that DTCCC or its authorized photographer may take photographs of me, my family and guests and my dog(s) for DTCCC's use in promotional materials including, but not limited to, printed material, website, press releases and fliers. IN WITNESS WHEREOF, each of the parties in consideration of these presents has duly executed this Agreement as of the date set opposite each signature. THE DOG TRAINING CLUB OF CHESTER COUNTY, INC.

I have read, understand and agree to the above:

X _____
Signature Date

The Dog Training Club of Chester County, PA, INC

NACSW™ - Odor Recognition Test Sunday, October 21, 2018

Entries close 5pm, Wednesday, October 19, 2018

Entry for additional dog(s)

Location: DTCCC Training Center, 880 Springdale Drive, Suite 100 Exton, PA, 19341

FEES: \$35.00 Registration Fee for first odor, additional dog. \$25.00 subsequent odor(s) additional dog.
Payment by check or money order. **Make checks out to: DTCCC**

Questions: Contact Judy Bonner banrif@comcast.net or call 484-671-2435.

Please mail this completed form(s) **INCLUDING FEES and WAIVER** via USPS with your registration fee to:

ORT TEST- Attn: Judy Bonner, 267 McCoy Lane, Leesport, PA 19533

Entries received without fees, form, and waiver will not be processed.

ODOR(s): Birch Anise Clove

Total fees for this dog \$ _____

Dog's Call Name _____

Is this a "red bandana " dog? Yes No

Breed(s) _____

Dog's NACSW™ # _____

Handler's Name _____

Handler's NACSW™ Membership # _____

Address _____

City _____ State _____ Zip _____

Phone where you can easily be reached _____

E-mail Address _____ **PLEASE PRINT CLEARLY!**

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Please contact your host at least 1 day before the ORT if your female dog will be in season.

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I have read, understand and agree to the above:

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- A. I understand that my attendance and participation in any Activity is not without risk to myself, my dog(s) or any family member or guest who might be present at an Activity. Some dogs to which I or my dog might be exposed may be difficult to control, may act aggressively towards other canines or owners and may be a cause of injury even when handled with care. In addition, while it is my responsibility to keep my dog current on vaccinations, I recognize that dogs may still be susceptible to various diseases or infections in spite of the vaccinations and may infect me or my dog. I hereby assume the risk of incurring any such infection or injury while attending any Activity and expressly release DTCCC, its directors, officers, members, agents and independent contractors of and from any and all liability of any nature, for injury or infection which I, my dog or any family member or guest may sustain, including specifically, and without limitation, any injury or infection caused by the action of another dog while participating in an Activity.
- B. I specifically understand that I am releasing, discharging and waiving forever any claim or action that I may have had, presently have, or may hereafter have for acts or other conduct by the directors, officers, members, agents or independent contractors of DTCCC.
- C. In further consideration of the foregoing and as an inducement to my participation in any Activity, I hereby agree to indemnify and hold harmless DTCCC, its directors, officers, members, agents and independent contractors, of and from any and all claims, causes of action, losses, damages, judgments, costs or expenses, including court costs and attorneys' fees, which in any way arise from my or my family member's or guest's acts, omissions and/or negligence, irrespective of whether such acts, omissions and/or negligence of DTCCC, its directors, officers, members, agents and independent contractors or any third party contributed to the loss.

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Signature Date

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