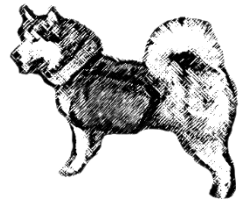


AMWA WORKING PACK DOG APPLICATION FORM BRONZE LEVEL



Page 1 & 2 to be completed once per Level

Owner's Details		
Name:	Membership No:	
Phone:	Mobile:	
Current address:		
Town:	County:	Post Code:
Email:		
Dogs Info		
Registered Name/AMWA Working No:		
Pet Name:	KC No: (IF APL)	
Breed:	DOB:	
Malamutes Only: Info for 'ROH' Programme	Sire/Dam Accreditation (Optional)	
Sire's Registered Name:	KC No: (if known)	
Dam's Registered Name:	KC No: (if known)	

Payment:

An invoice will be sent to you once your application has been processed.

Post:

Louise Burgess
6 Broomrigg Crescent
Ainstable
Carlisle
Cumbria
CA4 9QH

Email:

backpacking@amwa.org.uk

Titled:
'AMWA Pack Dog Scheme'

**Total email attachment max size =
approx. 12mb**

**NOTE: We will accept either scanned or postal applications but they must include handwritten signatures
Application processing time: 2-4 weeks**

Application check list:

Correct level completed application form

Owner's name, signature & contact details

Witness signatures & contact details

Sufficient evidence (if unsure please contact the assessor prior to sending)

Veterinary weight verification form

Please make sure all fields of application form are completed

All digital evidence if applicable (route maps) need to be included with your application Pack

Your application cannot be accepted if any of the above are not included!

Fees

£5.00 for first application; £3.00 for each additional application sent at the same time.

Bronze level celebration rosette can be ordered at <https://www.showrosettes.co.uk/>

Bronze level sew on badge can be requested with your application and will be posted with your certificate

Page 3 to be completed for each leg per Level

Dog Pet name		
Leg + Mileage Completed		
Bronze leg number:	Mileage Completed:	
Weight Info		
Dog's weight:	Dog's Pack weight at start of Hike:	
Witness Info – Verification for Pack Weight +(Start & Finish or Participating)		
Starting/Participating Witness - Name:		
Phone:	Mobile:	
Current address:		
Town	County	Post Code:
Finishing Witness – Name:		
Phone:	Mobile	
Current address:		
Town:	County:	Post Code:
Signatures:		
Signature of applicant:		Date:
Signature of Witness:		Date:
Signature of second Witness: (if Applicable)		Date:
Event Location Info:		
Start Date:	Time:	
Location:		
Finish Date:	Time:	
Location:		

Please also feel free to add extra info such as a brief review of your trip
we'd love to hear these stories and you never know it may be published in the next edition of the 'AMWA Worker' magazine!!