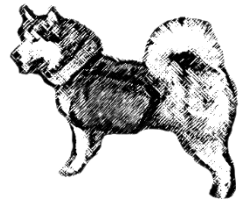


AMWA WORKING PACK DOG APPLICATION FORM SILVER LEVEL



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:

Mrs Louise Burgess
13a Wayside Cottage
Ermin Street
Stockcross
Newbury
BERKS
RG20 8LG

Email:

silverbp@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: 4-6 weeks - The AMWA Pack Dog Sub Committee meet monthly to pass all applications.
No applications will be passed before the monthly meeting.***

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

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

Gold/Platinum level sew on badge can be purchased from the Merchandise Officer at an AMWA event.

Page 3 to be completed for each leg per Level

Dog Pet name		
Leg + Mileage Completed		
Silver 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!!