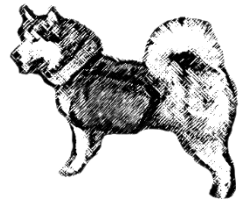


# AMWA WORKING PACK DOG APPLICATION FORM SILVER LEVEL



**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  
6 Broomrigg Crescent  
Ainstable  
Carlisle  
Cumbria  
CA4 9QH

**Email:**

[backpacking@amwa.org.uk](mailto: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.

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

Silver 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**

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