United States Police Canine Association

Region 5

PD 1 / Detector Certification Trial

Hosted by the Evansville, In Police Department

June 8, 2020

***FREE for Region 5 members***

Registration Form

Please Print

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

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

**City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**City/ State/ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agency Phone: \_\_\_\_\_\_\_\_\_\_\_EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**K9 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age: \_\_\_\_   Breed: \_\_\_\_\_\_\_\_\_**

**\_\_\_\_   $ FREE     Narcotics Detector \_\_\_\_$FREE     Explosive Detector**

***To complete registration you must be a current USPCA Member.  If you are not a Region 5 member you must bring proof of membership to register.  A 1 year membership is $50.***

**Mail registration to:       USPCA Region 5 Field Trials Questions Contact: Jason Thomas**

**1319 Western Hills Dr. 812-204-0683**

**Evansville, In 47720 jrthomas@evansvillepolice.com**

**I hearby waive and relinquish the U.S.P.C.A, U.S.P.C.A. Region 5, the Evansville Police Department, The City of Evansville, and all other event organizers from any injury to myself or K9 while participating in this event.  I also agree to abide by the rules established by the U.S.P.C.A. while attending this event.  My K9 is currently up to date on all vaccinations.  I accept responsibility for any damages caused by my K9, to the property or any other person while attending this event. I also certify that I attend this event on an “On-Duty” status where I am covered by my agency’s insurance or worker’s compensation in the event that I am injured.**

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