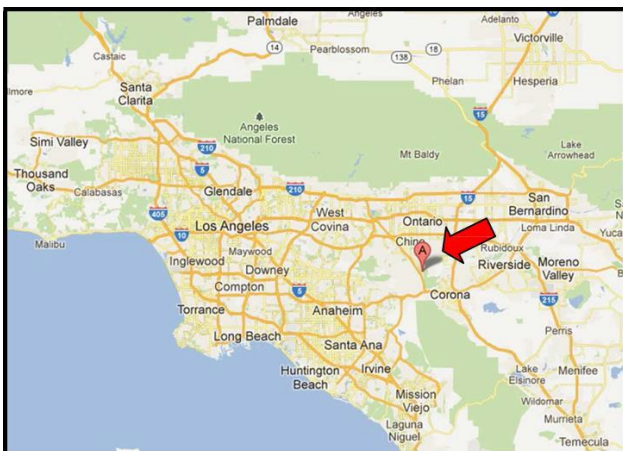


## **FIRST CLASS • DATED MATERIAL**

**Kevin Gysler - FTS**  
**P.O. Box 720249, Pinon Hills, CA 92372**  
**818-400-4812 • jennifergysler@gmail.com**  
[www.ocrrc.com](http://www.ocrrc.com)

Emergency and on-field contacts:  
Jennifer 818-400-4812  
Keith 714-366-0579



### **DIRECTIONS**

**From Orange County:** Take the 55 North to the 91 East. Next, merge onto the 71 North. Then, take the Butterfield Ranch Road/Euclid Avenue (CA-83) exit. Turn right and the facility will be located on the right side 1/10 of a mile down Euclid Avenue.

**From the Inland Empire:** Take the 91 West onto the 71 North. Exit Butterfield Ranch Road/Euclid Avenue (CA-83) and make a right. The facility will be located on the right side 1/10 of a mile down Euclid Avenue.

**From San Gabriel Valley:** Take the 210 East to the 57 South. Then, transition on the

71 South towards Corona. Take the Butterfield Ranch Road/Euclid Avenue (CA-83) exit and turn left. The facility will be located on the right side 1/3 of a mile down Euclid Avenue.

## **PREMIUM LIST**

**EARLY ENTRIES CLOSE Nov 26, 2025 10pm**  
at the FTS's address  
**DAY OF TRIAL ENTRIES CLOSE at 8:30 am**  
Day-of-trial at the FTS's Table



**Region 10**

## **ASFA SILKEN WINDHOUND SPECIALTY TRIAL & Lure Chasing Instinct Test (for non-sighthounds)** **Limit on LCI Stake of 5 dogs**

**November 29-30, 2025**

**Prado Recreation Dog Park**  
**17505 Euclid Ave**  
**Chino, CA 91708**

**Admission Fee \$15 per person or \$20 per married couple which includes 2 dogs, \$5 for each additional dog.**

**Early entry fees - \$25**

**Day of Trial entry fees - \$30**

*Permission has been granted by the American Sighthound Field Association  
for the holding of this event under ASFA Rules and Regulations.  
Samantha Duryee, Chairperson, ASFA Scheduling Committee*

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Go to [www.ASFA.org](http://www.ASFA.org)

for online Rulebook, Policies, Contacts, Clubs,  
Trial Schedules, Trial Results & much more.

# Orange Coast Rhodesian Ridgeback Club Orange Coast Rhodesian Ridgeback Club

## OFFICERS

President-Jennifer Gysler Vice President-Lanise McCracken Treasurer- Sherrie Todd  
Corresponding Secretary-Dorothy Crinion Recording Secretary-Linda D'Antonio  
Board of Directors-Lari Bright, Jenny Cradle, Mark Seaman

## FIELD COMMITTEE

|                       |                                          |
|-----------------------|------------------------------------------|
| Field Trial Chairman  | Keith Hicks                              |
| Field Trial Secretary | Kevin Gysler                             |
| Lure Operators        | Scott Pack, Brianne Butcher, Keith Hicks |
| Field Clerks          | Betty de la Rosa                         |
| Huntmasters           | Connie Langford, Keith Hicks             |
| Inspection            | Linda D'Antonio, Jennifer Gysler         |

## JUDGES & ASSIGNMENTS

Mike Savage – Spokane, WA  
Anne Marie Pack – Santa Paula, CA  
Linda D'Antonio – Redlands, CA  
Jennifer Gysler – Pinon Hills, CA

| SAT 11-29  | LCI | SW | SGL | Sun 11-30 | LCI | SW | SGL |
|------------|-----|----|-----|-----------|-----|----|-----|
| Mike       | X   | X  | X   | Linda     |     | S  |     |
| Anne Marie | X   | X  | X   | Jennifer  | S   |    | S   |

TRIAL HOURS: 7:30AM UNTIL AFTER RIBBONS ARE AWARDED.

Day of Trial entries close at 8:30 am

Substitutions (same owner) until day of trial at 8:30 am

ROLL CALL: PROMPTLY at 8:30 am

(Inspection may be available earlier for volunteers)

Certifications will be offered 30 minutes prior to roll call.

ENTRIES WILL NOT BE ACKNOWLEDGED BY RETURN MAIL OR PHONE; ENTRIES MAY BE  
ACKNOWLEDGED BY E-MAIL  
IF OWNER FORWARDS E-MAIL ADDRESS.

## EARLY ENTRY FEES AND PAYMENTS

MAIL EARLY ENTRIES to the Field Secretary's address and make checks payable to "OCRRC".  
FAX ENTRIES WILL NOT be accepted. E-MAIL ENTRIES (to [jennifergysler@gmail.com](mailto:jennifergysler@gmail.com)) will be  
accepted provided the Field Secretary receives payment before 10:00 pm on Wed, Nov 26,  
and the entry form is signed. If paying by PayPal, send payment to [ocrrcdogs@gmail.com](mailto:ocrrcdogs@gmail.com).

**Please pay \$2.00 per entry for the Pay Pal fee.** Venmo is also accepted, @ocrrcdogs

## ELIGIBLE BREEDS & REGISTRY

Only purebred Silken Windhounds may be entered in the regular stakes and Singles Stake.

All entries shall be individually registered with the AKC (ILP/PAL included), the NGA, the UKC, the FCI, an ASFA-recognized foreign or ASFA Board approved registry, or possess a CRN from the SPDBS. A photocopy of acceptable registry must be submitted with each hound's first ASFA field trial entry; this requirement is waived for hounds registered with the NGA.

## REGULAR STAKES OFFERED

**OPEN STAKE:** Any eligible Silken Windhound, excluding ASFA Field Champions of record that has met the certification requirements.

**FIELD CHAMPION STAKE:** Any Silken Windhound ASFA Field Champion

**VETERAN STAKE:** Silken Windhounds whose age is at least seven years Points go toward V-FCh or V-LCM titles.

**SINGLES STAKE:** Any eligible Silken Windhound including those disqualified to run in other stakes. Each hound runs alone. Not eligible for Best of Breed or Best in Field. Hounds are eligible to earn TCP and CPX titles from the Singles stake.

**LURE CHASING INSTINCT STAKES:** Open to all Non-Sighthounds and Sighthound mixes: **Small LCI Open** for dogs 17 ½ inches or less at the withers and/or brachycephalic ("flat-faced") dogs who have not achieved the title of LCC. **Small LCI Excellent:** for dogs 17 ½ inches or less at the withers or brachycephalic ("flat-faced") dogs who have achieved the title of LCC. **Small LCI Veteran:** for dogs 17 ½ inches or less at the withers and/or brachycephalic dogs over the age of 7 years. **Large LCI Open** for dogs over 17 ½ inches at the withers who have not achieved the title of LCC. **Large LCI Excellent:** is for dogs over 17 ½ inches at the withers who have achieved the title of LCC. **Large LCI Veteran:** for dogs over 17 ½ inches at the withers who are over the age of 7 years. **Sighthound Mix LCI Open** for dogs with a sighthound breed in its background who have not achieved the title of LCC. **Sighthound Mix LCI Excellent** for dogs with sighthound breed in its background who have achieved the title of LCC. **Sighthound Mix LCI Veteran** for dogs with sighthound breed in its background over the age of 7 years. When running as a stake within a regular ASFA trial, small will run 50% of the ASFA course as laid out for the sighthounds up to a maximum of 400 yards. All other stakes will run the full ASFA laid out course length

## BEST IN FIELD WILL NOT BE OFFERED

## RIBBONS AND TROPHIES

1st place: 2nd place: 3rd place 4th place NBQ

Blue ribbon Red ribbon Yellow ribbon White ribbon Dark Green

Best of Breed: Purple and Gold rosette

Highest Scoring Single: Rosette

Hound themed prize for the Best of Breed winner

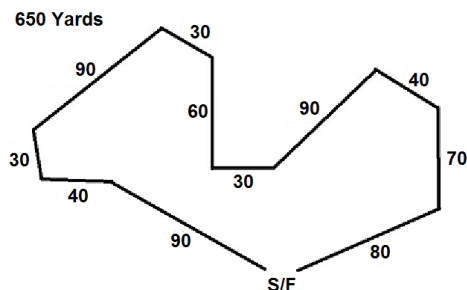
## COURSE PLANS

### **FIELD AND COURSE PLANS**

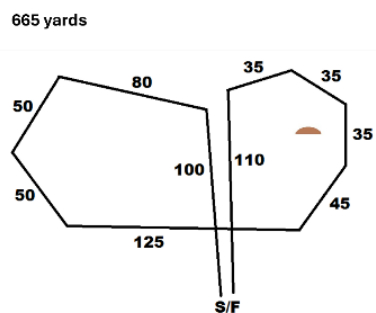
Average High: 70°

Field Surface: Mowed natural field. Fencing: Natural borders only, no direct fencing. The course will be reversed for finals

#### **SATURDAY**



#### **SUNDAY**



## **GENERAL INFORMATION**

1. Please bring your own food, shade and water.
2. A restroom will be available. No one, except Field Committee members, will be allowed on the field without the expressed permission of the Field Committee.
3. A \$5 fine will be assessed for loose hounds during courses in progress.
4. Anyone failing to clean up their dogs' waste will be excused from the field for the day.
5. Anyone exhibiting unsportsmanlike conduct will be excused from the field for the day.
6. OCRRC assumes no liability for injury to any person or dog before, during or after the Tests and Trials.

**Conditions of Entry:** All entries must be one year or older on the day of the trial • Stakes will be split into flights by public random draw if the entry in any regular stake is 20 or more • Bitches in season, lame hounds and hounds with breed disqualifications will be excused at roll call. Spayed, neutered, monorchid or cryptorchid hounds without breed disqualifications may be entered; hounds with breed disqualifications are not eligible to enter except in the Single Stake • Hounds not present at the time of roll call will be scratched • All hounds will run twice, in trios if possible or braces (except in the Single Stake), unless excused, dismissed or disqualified.

**Equipment:** Type of lure machine: battery-powered continuous-loop system. • Type of lures: highly-visible white plastic strips • Back-up equipment will be available.

#### **Veterinarian on call:**

Yorba Regional Animal Hospital ..... 714-921-8700 8290

E. Crystal Drive, Anaheim, CA 9280

Head south on S Euclid Ave. Turn slight right to merge onto CA-71 S. Keep right at the fork, follow signs for California 91 W/Beach Cities and merge onto CA-91 W. Take exit 39 for Weir Canyon Rd/Yorba Linda Blvd. Turn right onto Yorba Linda Blvd. Take the 1st right onto Savi Ranch Pkwy. Take the 1st left onto Crystal Dr.

## OTHER INFORMATION

OCRRC reserves the right to alter the course plan as necessary for the safety of the hounds.

### **MOTELS**

La Quinta Inn & Suites  
3555 Inland Empire Blvd  
Ontario, CA  
909-476-1112

Motel 6  
231 North Vineyard Ave  
Ontario, CA  
909-937-6000

Ayres Suites Corona West  
1900 W Frontage Rd  
Corona, CA  
951-738-9113

### **CAMPING:**

Camping onsite is an additional \$10.

Camping is also available at Prado Regional Park  
16700 S. Euclid Ave, Chino, CA 91708  
(909) 597-4260

Reserve campsites on their website, [parks.sbcounty.gov](http://parks.sbcounty.gov)

# OFFICIAL AMERICAN SIGHTHOUND FIELD ASSOCIATION ENTRY FORM

Orange Coast Rhodesian Ridgeback Club

Saturday, Nov 29, 2025

Early entries close **Wed Nov 26, 2025 at 10 pm** at the FTS' residence.

Early entry fees: **\$25**; Day of trial entry fee: **\$30**

Make checks payable (in US funds) to **OCRRC** and mail to:

**Kevin Gysler – FTS • PO Box 720249 Pinon Hills, CA 92372**

Fee Paid \_\_\_\_\_ The Field Secretary cannot accept conditional, unsigned, incomplete, or unpaid entries; please check your completed entry carefully.

|                                                                                                                                                                                    |                |                                                                                                                      |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------|--|
| Breed:                                                                                                                                                                             | Call Name:     |                                                                                                                      |  |
| Registered Name of Hound:                                                                                                                                                          |                |                                                                                                                      |  |
| <b>Stake:</b> <input type="checkbox"/> Open <input type="checkbox"/> FCH <input type="checkbox"/> Veteran<br><input type="checkbox"/> Singles <input type="checkbox"/> Provisional |                | Additional Stakes<br><input type="checkbox"/> Kennel <input type="checkbox"/> Breeder <input type="checkbox"/> Bench |  |
| <b>Registration Number:</b><br>(please write in registering body before number)                                                                                                    |                |                                                                                                                      |  |
| <input type="checkbox"/> If possible, please separate my hounds                                                                                                                    | Date of Birth: | Sex: <input type="checkbox"/> Dog <input type="checkbox"/> Bitch                                                     |  |
| Name of actual owner(s):                                                                                                                                                           |                |                                                                                                                      |  |
| Address:                                                                                                                                                                           |                | Phone:                                                                                                               |  |
| City:                                                                                                                                                                              | State:         | Zip:                                                                                                                 |  |
| E-mail (Optional)                                                                                                                                                                  |                | (Optional) Region of Residence:                                                                                      |  |
| Emergency Contact Name and Phone (Optional)                                                                                                                                        |                |                                                                                                                      |  |
| <input type="checkbox"/> <b>Check if this is the first ASFA trial for this hound. Attach a Hound Certification or waiver if entered in Open, Veterans, Provisional.</b>            |                |                                                                                                                      |  |
| <input type="checkbox"/> <b>Check if this is a first-time entry, a copy of the official Registration of this hound must accompany this entry unless NGA.</b>                       |                |                                                                                                                      |  |
| <input type="checkbox"/> Check if any information has changed since the last ASFA trial entry. Regarding _____                                                                     |                |                                                                                                                      |  |
| <input type="checkbox"/> Check if this hound has been dismissed within the last 6 trials entered. Must be marked in order to qualify for a "clean" trial requirement.              |                |                                                                                                                      |  |

I CERTIFY that I am the actual owner of this dog, or that I am the duly authorized agent of the actual owner whose name I have entered above. In consideration of the acceptance of this entry and the opportunity to have this dog judged and to win prize money, ribbons, or trophies, I (we) agree to abide by the rules and regulations of the American Sighthound Field Association in effect at the time of this lure field trial, and by any additional rules and regulations appearing in the premium list for this lure field trial. I (we) agree that the club holding this lure field trial has the right to refuse this entry for cause, which the club shall deem to be sufficient. I (we) agree to hold this club, its members, directors, governors, officers, agents or other functionaries, any employees of the aforementioned parties and the owner(s) of the trial premises or grounds harmless from any claim for loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of this dog while in or upon the lure field trial premises or grounds or near any entrance thereto and I (we) personally assume all responsibility and liability for any such claim, and I (we) further agree to hold the aforementioned parties harmless from any claim loss of this dog by disappearance, theft damage or injury be caused or alleged to be caused by the negligence of the club or any of the aforementioned parties or by the negligence of any person or any other cause or causes. I (we) certify and represent that the dog entered is not a hazard to person or other dogs. This entry is submitted for acceptance of the forgoing representations and agreements.

**SIGNATURE** of owner or his agent  
duly authorized to make this entry \_\_\_\_\_

**Please separate the entries before submitting to FTS.**

# OFFICIAL AMERICAN SIGHTHOUND FIELD ASSOCIATION ENTRY FORM

Orange Coast Rhodesian Ridgeback Club

Sunday, Nov 30, 2025

Early entries close **Wed Nov 26, 2025 at 8 pm** at the FTS' residence.

Early entry fees: **\$25**; Day of trial entry fee: **\$30**

Make checks payable (in US funds) to **OCRRC** and mail to:

**Kevin Gysler – FTS • PO Box 720249 Pinon Hills, CA 92372**

Fee Paid \_\_\_\_\_ The Field Secretary cannot accept conditional, unsigned, incomplete, or unpaid entries; please check your completed entry carefully.

|                                                                                                                                                                                    |                |                                                                                                                      |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------|--|
| Breed:                                                                                                                                                                             | Call Name:     |                                                                                                                      |  |
| Registered Name of Hound:                                                                                                                                                          |                |                                                                                                                      |  |
| <b>Stake:</b> <input type="checkbox"/> Open <input type="checkbox"/> FCH <input type="checkbox"/> Veteran<br><input type="checkbox"/> Singles <input type="checkbox"/> Provisional |                | Additional Stakes<br><input type="checkbox"/> Kennel <input type="checkbox"/> Breeder <input type="checkbox"/> Bench |  |
| <b>Registration Number:</b><br>(please write in registering body before number)                                                                                                    |                |                                                                                                                      |  |
| <input type="checkbox"/> If possible, please separate my hounds                                                                                                                    | Date of Birth: | Sex: <input type="checkbox"/> Dog <input type="checkbox"/> Bitch                                                     |  |
| Name of actual owner(s):                                                                                                                                                           |                |                                                                                                                      |  |
| Address:                                                                                                                                                                           |                | Phone:                                                                                                               |  |
| City:                                                                                                                                                                              | State:         | Zip:                                                                                                                 |  |
| E-mail (Optional)                                                                                                                                                                  |                | (Optional) Region of Residence:                                                                                      |  |
| Emergency Contact Name and Phone (Optional)                                                                                                                                        |                |                                                                                                                      |  |
| <input type="checkbox"/> <b>Check if this is the first ASFA trial for this hound. Attach a Hound Certification or waiver if entered in Open, Veterans, Provisional.</b>            |                |                                                                                                                      |  |
| <input type="checkbox"/> <b>Check if this is a first-time entry, a copy of the official Registration of this hound must accompany this entry unless NGA.</b>                       |                |                                                                                                                      |  |
| <input type="checkbox"/> Check if any information has changed since the last ASFA trial entry. Regarding _____                                                                     |                |                                                                                                                      |  |
| <input type="checkbox"/> Check if this hound has been dismissed within the last 6 trials entered. Must be marked in order to qualify for a "clean" trial requirement.              |                |                                                                                                                      |  |

I CERTIFY that I am the actual owner of this dog, or that I am the duly authorized agent of the actual owner whose name I have entered above. In consideration of the acceptance of this entry and the opportunity to have this dog judged and to win prize money, ribbons, or trophies, I (we) agree to abide by the rules and regulations of the American Sighthound Field Association in effect at the time of this lure field trial, and by any additional rules and regulations appearing in the premium list for this lure field trial. I (we) agree that the club holding this lure field trial has the right to refuse this entry for cause, which the club shall deem to be sufficient. I (we) agree to hold this club, its members, directors, governors, officers, agents or other functionaries, any employees of the aforementioned parties and the owner(s) of the trial premises or grounds harmless from any claim for loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of this dog while in or upon the lure field trial premises or grounds or near any entrance thereto and I (we) personally assume all responsibility and liability for any such claim, and I (we) further agree to hold the aforementioned parties harmless from any claim loss of this dog by disappearance, theft damage or injury be caused or alleged to be caused by the negligence of the club or any of the aforementioned parties or by the negligence of any person or any other cause or causes. I (we) certify and represent that the dog entered is not a hazard to person or other dogs. This entry is submitted for acceptance of the forgoing representations and agreements.

**SIGNATURE** of owner or his agent  
duly authorized to make this entry \_\_\_\_\_

**Please separate the entries before submitting to FTS.**

**AMERICAN SIGHTHOUND FIELD ASSOCIATION  
HOUND CERTIFICATION**

**Rule effective October 1, 1994: Ch. V, Sec. 4 (a) OPEN STAKE:** *To be eligible to enter the open stake, a hound must have been certified by a licensed judge within the year preceding the closing date for the entry or have previously competed in the Open Stake.* This eligibility requirement also applies to a hound entered in the Veteran Stake, which has not competed in Open previously. Please complete this portion of this form and attach it to the entry form for the hound's first entry, including an entry for a Fun Trial.

Registered Name of Hound: \_\_\_\_\_

Registration Number: \_\_\_\_\_ Breed: \_\_\_\_\_

Registered Owner's Name: \_\_\_\_\_

I hereby certify that on (date) \_\_\_\_\_, the above named hound completed a lure course of at least 500 yards, running with another hound of the same breed (or another breed with a similar running style). During the course the above named hound showed no inclination to interfere with the other hound. I further certify that I am a licensed judge for the ASFA.

Name of Licensed Judge: \_\_\_\_\_

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

I hereby certify that the hound running in the certification course is the hound identified above and that information provided on this form is true and correct.

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

Owner or Authorized Agent of Hound

This certification form must be attached to the entry form the first time this hound is entered in an open or veteran stake. Any hound entered in open, or veteran (as a first time entered hound), which has not been certified, shall be declared ineligible by the records coordinator and shall forfeit any points and placements awarded.

**PLEASE RETAIN A COPY FOR YOUR RECORDS.**

**AMERICAN SIGHTHOUND FIELD ASSOCIATION  
HOUND CERTIFICATION WAIVER**

**Waiver of Requirement:** *This requirement will be waived for a hound that has earned a lure coursing title from another recognized organization, if such title requires competition, and if a waiver for such title has been approved by the ASFA, or a CKC Hound Certification Form.* If your hound qualifies for a waiver, complete this portion of this form and attach it to your entry form. Proof of waivers must accompany this certification form.

Registered Name of Hound: \_\_\_\_\_

Registration Number: \_\_\_\_\_ Breed: \_\_\_\_\_

Registered Owner's Name: \_\_\_\_\_

**CKC:** FCH FCHX

**AKC:** QC SC FC

Hound Certification previously submitted.

I hereby certify that the hound identified above has completed the requirements for the title indicated above (or that the required Certification was previously submitted) and that the information provided on this form is true and correct.

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

Owner or Authorized Agent of Hound

**AMERICAN SIGHTHOUND FIELD ASSOCIATION  
HOUND CERTIFICATION**

**Rule effective October 1, 1994: Ch. V, Sec. 4 (a) OPEN STAKE:** *To be eligible to enter the open stake, a hound must have been certified by a licensed judge within the year preceding the closing date for the entry or have previously competed in the Open Stake.* This eligibility requirement also applies to a hound entered in the Veteran Stake, which has not competed in Open previously. Please complete this portion of this form and attach it to the entry form for the hound's first entry, including an entry for a Fun Trial.

Registered Name of Hound: \_\_\_\_\_

Registration Number: \_\_\_\_\_ Breed: \_\_\_\_\_

Registered Owner's Name: \_\_\_\_\_

I hereby certify that on (date) \_\_\_\_\_, the above named hound completed a lure course of at least 500 yards, running with another hound of the same breed (or another breed with a similar running style). During the course the above named hound showed no inclination to interfere with the other hound. I further certify that I am a licensed judge for the ASFA.

Name of Licensed Judge: \_\_\_\_\_

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

I hereby certify that the hound running in the certification course is the hound identified above and that information provided on this form is true and correct.

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

Owner or Authorized Agent of Hound

This certification form must be attached to the entry form the first time this hound is entered in an open or veteran stake. Any hound entered in open or veteran (as a first time entered hound), which has not been certified, shall be declared ineligible by the records coordinator and shall forfeit any points and placements awarded.

**PLEASE RETAIN A COPY FOR YOUR RECORDS.**

**AMERICAN SIGHTHOUND FIELD ASSOCIATION  
HOUND CERTIFICATION WAIVER**

**Waiver of Requirement:** *This requirement will be waived for a hound that has earned a lure coursing title from another recognized organization, if such title requires competition, and if a waiver for such title has been approved by the ASFA, or a CKC Hound Certification Form.* If your hound qualifies for a waiver, complete this portion of this form and attach it to your entry form. Proof of waivers must accompany this certification form.

Registered Name of Hound: \_\_\_\_\_

Registration Number: \_\_\_\_\_ Breed: \_\_\_\_\_

Registered Owner's Name: \_\_\_\_\_

**CKC:** FCH FCHX

**AKC:** QC SC FC

Hound Certification previously submitted.

I hereby certify that the hound identified above has completed the requirements for the title indicated above (or that the required Certification was previously submitted) and that the information provided on this form is true and correct.

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

Owner or Authorized Agent of Hound

# OFFICIAL AMERICAN SIGHTHOUND FIELD ASSOCIATION

## LCI ENTRY FORM (Limit 5 dogs)

Orange Coast Rhodesian Ridgeback Club

Saturday Nov 29, 2025

Early entries close **Nov 26 at 10 pm** at the FTS' residence.

Early entry fees: **\$25**; Day-of-trial entry fee: **\$30**

(Substitutions, same owner, until day-of-trial at 8:30 pm)

Make checks payable (in US funds) to **OCRRC** and mail to:

**Kevin Gysler – FTS • PO Box 720249 Pinon Hills, CA 92372**

Fee Paid \_\_\_\_\_ The Field Secretary cannot accept conditional, unsigned, incomplete or unpaid entries; please check your completed entry carefully.

|                                                                                                                                                                                                                         |                                                                     |                                                                          |                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Breed:                                                                                                                                                                                                                  |                                                                     | Call Name:                                                               |                                                                                 |
| Registered Name of dog:                                                                                                                                                                                                 |                                                                     |                                                                          |                                                                                 |
| Stake:                                                                                                                                                                                                                  | <input type="checkbox"/> LCI-Small<br><input type="checkbox"/> Open | <input type="checkbox"/> LCI-Large<br><input type="checkbox"/> Excellent | <input type="checkbox"/> LCI-Sighthound Mix<br><input type="checkbox"/> Veteran |
| <b>Registration Number:</b><br>(please write in registering body before number)                                                                                                                                         |                                                                     |                                                                          |                                                                                 |
| Date of Birth:                                                                                                                                                                                                          |                                                                     | Sex:<br><input type="checkbox"/> Dog <input type="checkbox"/> Bitch      |                                                                                 |
| Name of actual owner(s):                                                                                                                                                                                                |                                                                     |                                                                          |                                                                                 |
| Address:                                                                                                                                                                                                                |                                                                     | Phone:                                                                   |                                                                                 |
| City:                                                                                                                                                                                                                   |                                                                     | State:                                                                   | Zip:                                                                            |
| E-mail                                                                                                                                                                                                                  |                                                                     | (Optional) Region of Residence:                                          |                                                                                 |
| Emergency Contact Name and Phone (Optional)                                                                                                                                                                             |                                                                     |                                                                          |                                                                                 |
| <input type="checkbox"/> <b>Check if this is a first-time entry, a copy of the official Registration of this hound must accompany this entry. (i.e., AKC Registration form, PAL registration, Canine Partner, etc.)</b> |                                                                     |                                                                          |                                                                                 |
| <input type="checkbox"/> Check if any information has changed since the last ASFA trial entry. Regarding _____                                                                                                          |                                                                     |                                                                          |                                                                                 |

I CERTIFY that I am the actual owner of this dog, or that I am the duly authorized agent of the actual owner whose name I have entered above. In consideration of the acceptance of this entry and the opportunity to have this dog judged and to win prize money, ribbons, or trophies, I (we) agree to abide by the rules and regulations of the American Sighthound Field Association in effect at the time of this lure field trial, and by any additional rules and regulations appearing in the premium list for this lure field trial. I (we) agree that the club holding this lure field trial has the right to refuse this entry for cause, which the club shall deem to be sufficient. I (we) agree to hold this club, its members, directors, governors, officers, agents or other functionaries, any employees of the aforementioned parties and the owner(s) of the trial premises or grounds harmless from any claim for loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of this dog while in or upon the lure field trial premises or grounds or near any entrance thereto and I (we) personally assume all responsibility and liability for any such claim, and I (we) further agree to hold the aforementioned parties harmless from any claim loss of this dog by disappearance, theft damage or injury be caused or alleged to be caused by the negligence of the club or any of the aforementioned parties or by the negligence of any person or any other cause or causes. I (we) certify and represent that the dog entered is not a hazard to person or other dogs. This entry is submitted for acceptance of the forgoing representations and agreements.

**SIGNATURE** of owner or his agent  
duly authorized to make this entry \_\_\_\_\_

**Please separate the entries before submitting to FTS.**

# OFFICIAL AMERICAN SIGHTHOUND FIELD ASSOCIATION

## LCI ENTRY FORM (Limit 5 dogs)

California Coursing Association

Sunday Nov 30, 2025

Early entries close **Nov 26 at 10 pm** at the FTS' residence.

Early entry fees: **\$25**; Day of trial entry fee: **\$30**

(Substitutions, same owner, until day-of-trial at 8:30 pm)

Make checks payable (in US funds) to **OCRRC** and mail to:

**Kevin Gysler – FTS • PO Box 720249 Pinon Hills, CA 92372**

Fee Paid \_\_\_\_\_ The Field Secretary cannot accept conditional, unsigned, incomplete or unpaid entries; please check your completed entry carefully.

|                                                                                                                                                                                                                         |                                                                     |                                                                          |                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Breed:                                                                                                                                                                                                                  |                                                                     | Call Name:                                                               |                                                                                 |
| Registered Name of dog:                                                                                                                                                                                                 |                                                                     |                                                                          |                                                                                 |
| Stake:                                                                                                                                                                                                                  | <input type="checkbox"/> LCI-Small<br><input type="checkbox"/> Open | <input type="checkbox"/> LCI-Large<br><input type="checkbox"/> Excellent | <input type="checkbox"/> LCI-Sighthound Mix<br><input type="checkbox"/> Veteran |
| <b>Registration Number:</b><br>(please write in registering body before number)                                                                                                                                         |                                                                     |                                                                          |                                                                                 |
| Date of Birth:                                                                                                                                                                                                          |                                                                     | Sex:<br><input type="checkbox"/> Dog <input type="checkbox"/> Bitch      |                                                                                 |
| Name of actual owner(s):                                                                                                                                                                                                |                                                                     |                                                                          |                                                                                 |
| Address:                                                                                                                                                                                                                |                                                                     | Phone:                                                                   |                                                                                 |
| City:                                                                                                                                                                                                                   |                                                                     | State:                                                                   | Zip:                                                                            |
| E-mail                                                                                                                                                                                                                  |                                                                     | (Optional) Region of Residence:                                          |                                                                                 |
| Emergency Contact Name and Phone (Optional)                                                                                                                                                                             |                                                                     |                                                                          |                                                                                 |
| <input type="checkbox"/> <b>Check if this is a first-time entry, a copy of the official Registration of this hound must accompany this entry. (i.e., AKC Registration form, PAL registration, Canine Partner, etc.)</b> |                                                                     |                                                                          |                                                                                 |
| <input type="checkbox"/> Check if any information has changed since the last ASFA trial entry. Regarding _____                                                                                                          |                                                                     |                                                                          |                                                                                 |

I CERTIFY that I am the actual owner of this dog, or that I am the duly authorized agent of the actual owner whose name I have entered above. In consideration of the acceptance of this entry and the opportunity to have this dog judged and to win prize money, ribbons, or trophies, I (we) agree to abide by the rules and regulations of the American Sighthound Field Association in effect at the time of this lure field trial, and by any additional rules and regulations appearing in the premium list for this lure field trial. I (we) agree that the club holding this lure field trial has the right to refuse this entry for cause, which the club shall deem to be sufficient. I (we) agree to hold this club, its members, directors, governors, officers, agents or other functionaries, any employees of the aforementioned parties and the owner(s) of the trial premises or grounds harmless from any claim for loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of this dog while in or upon the lure field trial premises or grounds or near any entrance thereto and I (we) personally assume all responsibility and liability for any such claim, and I (we) further agree to hold the aforementioned parties harmless from any claim loss of this dog by disappearance, theft damage or injury be caused or alleged to be caused by the negligence of the club or any of the aforementioned parties or by the negligence of any person or any other cause or causes. I (we) certify and represent that the dog entered is not a hazard to person or other dogs. This entry is submitted for acceptance of the forgoing representations and agreements.

**SIGNATURE** of owner or his agent  
duly authorized to make this entry \_\_\_\_\_

**Please separate the entries before submitting to FTS.**

OFFICIAL AMERICAN SIGHTHOUND FIELD ASSOCIATION  
Request for ASFA Lure Chasing Instinct Registration Number

Fee Paid \_\_\_\_\_ This form is for dogs without any registration number from another registering body.

Please print legibly.

|                                                                                                                                                   |            |                                                                  |      |
|---------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------------|------|
| Breed:                                                                                                                                            | Call Name: |                                                                  |      |
| Registered Name of Dog:                                                                                                                           |            |                                                                  |      |
| FTS will circle Size after wicketing at Inspection:<br><b>Size Small:</b> up to 17½ inches (or brachycephalic) <b>Size Large:</b> over 17½ inches |            |                                                                  |      |
| Registration Number:<br>(please write in registering body before number)                                                                          |            |                                                                  |      |
| Date of Birth:                                                                                                                                    |            | Sex: <input type="checkbox"/> Dog <input type="checkbox"/> Bitch |      |
| Name of actual owner(s):                                                                                                                          |            |                                                                  |      |
| Address:                                                                                                                                          |            | Phone:                                                           |      |
| City:                                                                                                                                             |            | State:                                                           | Zip: |
| E-mail                                                                                                                                            |            | Region of Residence: (Optional)                                  |      |
| Emergency Contact Name and Phone                                                                                                                  |            |                                                                  |      |

This top portion is to be submitted with the \$10 fee to the Field Trial Secretary. First time trial entry on separate form.

\*\*\*\*\*

\_\_\_\_\_ was entered in the \_\_\_\_\_  
(Dog's Name) (ASFA Club Name)

ASFA trial held on \_\_\_\_\_. The dog was wicketed at inspection and is  
(Date)  
registered as Size **SMALL** **LARGE**.

The fee of \$10 was received by the FTS and submitted to the ASFA Records Coordinator.

\_\_\_\_\_  
Printed name of Field Trial Secretary

\_\_\_\_\_  
Signature of Field Trial Secretary

(Owner is to retain this receipt as proof of registration until notified by the ASFA.)

OFFICIAL AMERICAN SIGHTHOUND FIELD ASSOCIATION  
Request for ASFA Lure Chasing Instinct Registration Number

Fee Paid \_\_\_\_\_ This form is for dogs without any registration number from another registering body.

Please print legibly.

|                                                                                                                                                   |            |                                                                  |      |
|---------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------------|------|
| Breed:                                                                                                                                            | Call Name: |                                                                  |      |
| Registered Name of Dog:                                                                                                                           |            |                                                                  |      |
| FTS will circle Size after wicketing at Inspection:<br><b>Size Small:</b> up to 17½ inches (or brachycephalic) <b>Size Large:</b> over 17½ inches |            |                                                                  |      |
| Registration Number:<br>(please write in registering body before number)                                                                          |            |                                                                  |      |
| Date of Birth:                                                                                                                                    |            | Sex: <input type="checkbox"/> Dog <input type="checkbox"/> Bitch |      |
| Name of actual owner(s):                                                                                                                          |            |                                                                  |      |
| Address:                                                                                                                                          |            | Phone:                                                           |      |
| City:                                                                                                                                             |            | State:                                                           | Zip: |
| E-mail                                                                                                                                            |            | Region of Residence: (Optional)                                  |      |
| Emergency Contact Name and Phone                                                                                                                  |            |                                                                  |      |

This top portion is to be submitted with the \$10 fee to the Field Trial Secretary. First time trial entry on separate form.

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