

# SBCA APPLICATION FOR A WEIGHT PULL

**\*\*Application and Judges Panel are due 30 days prior to the closing date and must be accompanied by the \$20 filing fee, per event, payable to the Saint Bernard Club of America\*\***

**\*One application per event cluster\***

Sponsoring Club or Individual Name: \_\_\_\_\_

## Event Information

Event Site Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Event Date: _____	Event Date: _____	Event Date: _____	Event Date: _____
Judge: _____	Judge: _____	Judge: _____	Judge: _____
SBCA Approved Judge: _____	SBCA Approved Judge: _____	SBCA Approved Judge: _____	SBCA Approved Judge: _____
Weigh In Time: _____	Weigh In Time: _____	Weigh In Time: _____	Weigh In Time: _____
Start Time: _____	Start Time: _____	Start Time: _____	Start Time: _____
<input type="checkbox"/> Wheels <input type="checkbox"/> Snow	<input type="checkbox"/> Wheels <input type="checkbox"/> Snow	<input type="checkbox"/> Wheels <input type="checkbox"/> Snow	<input type="checkbox"/> Wheels <input type="checkbox"/> Snow
<input type="checkbox"/> Saint Only <input type="checkbox"/> All Breed	<input type="checkbox"/> Saint Only <input type="checkbox"/> All Breed	<input type="checkbox"/> Saint Only <input type="checkbox"/> All Breed	<input type="checkbox"/> Saint Only <input type="checkbox"/> All Breed

## Weight Pull Cart/Sled and Chute Specs

Width of Cart/Sled: \_\_\_\_\_ Length of Cart/Sled: \_\_\_\_\_ Tire Type: \_\_\_\_\_ Tire Size: \_\_\_\_\_

Tug Line Length: \_\_\_\_\_ Break Line Length: \_\_\_\_\_ Bridle Length if Applicable: \_\_\_\_\_

Chute Width: \_\_\_\_\_ Chute Length: \_\_\_\_\_ Surface Type: \_\_\_\_\_ Barrier Type: \_\_\_\_\_

Is the dog Pulling on the same surface as the cart? \_\_\_\_\_

Freight Material: \_\_\_\_\_ Weight of 1 Unit: \_\_\_\_\_

Any deviations from the SBCA Weight Pull regulations? If yes, what?: \_\_\_\_\_

## Event Chair and Secretary Information:

Weight Pull Chair Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**\*Weight Pull Chair must be a member of SBCA\***

Weight Pull Secretary Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Recommended Positions		
Position	Name	Have they agreed? Y/N
Score Keeper		
Timer		
Break Person		
Hitcher		
Hospitality		
Equipment		
Event Setup		
Food Coordinator		
Camping		
Photographer		
Veterinarian		

**Weight Pull Chair Approval**

By submitting this application, I certify that the Weight Pull Chair is a member of the SBCA, a member of the Sponsoring Club or the Sponsoring Individual and has decision authority concerning this Weight Pull. The Weight Pull Chair will abide by all SBCA Weight Pull Regulations and guarantee that all necessary equipment and materials will be available the day of the pull and that all forms and reports will be returned to the Weight Pull Secretary of the SBCA Working Dog Committee no later than 30 days after the day of the pull.

Weight Pull Chair Signature: \_\_\_\_\_

*\*To be filled by SBCA WDC Weight Pull Secretary only\**

Date Application Received: \_\_\_\_\_ Date Application Approved: \_\_\_\_\_

Date Weight Pull Chair is Notified: \_\_\_\_\_

\_\_\_\_\_  
SBCA WDC Weight Pull Secretary Signature

# WEIGHT PULL AGREEMENT TO JUDGE

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Weight Pull Secretary Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Event Site Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Judge Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

This letter will confirm your agreement to judge Weight Pull for \_\_\_\_\_ on  
\_\_\_\_\_, in \_\_\_\_\_, \_\_\_\_\_ (Date) (City) (State) (Sponsor)

I, \_\_\_\_\_, (Printed name of Judge) certify that I have read and understand the SBCA

Weight Pull Regulations and will judge according to their guidelines.

Please sign and return one copy of this letter of agreement at your earliest convenience to the Weight Pull Secretary and please reach out if you have any questions.

We look forward to seeing you and having you judge our Weight Pull.

I agree to the terms outlined in the above letter.

\_\_\_\_\_  
Judge Signature

\_\_\_\_\_  
Date