

## SINGLES TOURNAMENT ENTRY FORM

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U-FLI Tournament Information	U-FLI Singles Class Participant Information
Tournament Name/Location:	Participant Name:
	Seed Time:
Tournament Date:	Participant U-FLI Club# Affiliation (If applicable):
Olas is a Data	Address:
Closing Date:	City:
Entry Fee:	State/Province: Zip/Postal Code:
Host Club:	Phone #:
Check Payable & Mail Payment To:	Email address:
	Dog's Name:
	U-FLI RUN #:
Tournament Director:	Breed:
sustained by spectators, exhibitors, or handlers, or to any of theil hereby agree to waive any claim, action, or lawsuit and further	onsibility for any loss, accidents, theft, damage, death, or injury

I acknowledge that the current U-FLI™ Rules and Regulations have been made available to me, and that I am familiar with their contents. My signature indicates that I understand and agree to the above and to abide by all of the current U-FLI™ Rules and

By signing this document, I acknowledge that I have the authority to sign and accept the conditions contained herein on behalf of myself, my Club, my Team, and any persons who may accompany myself and my club and/or team at this U-FLI™ event. Note: If the participant is under 18 years of age, a parent or guardian must sign.

Signature:	Date:
Sidilatule.	Date.