



Post-Trial Reporting Summary

Group # _____ Event # _____

| TRIAL INFORMATION | | | | |
|---|--------------------------------------|-------------------------------|-----------------------|---|
| Trial Date(s): | Trial Host: | | | |
| Trial Secretary: | Email: | | | |
| LICENSING FEES | | | | |
| | Day 1 | Day 2 | Day 3 | Total |
| Sum of Entries (including Absent and Scratched) | | | | |
| On or before 1/1/2017 → \$1.50 per entry | Starting 7/1/2017 → \$2.50 per entry | | | <input type="checkbox"/> 1.50 <input type="checkbox"/> 2.50 |
| Starting 1/2/2017 → \$2.00 per entry | Starting 1/1/2018 → \$3.00 per entry | | | x <input type="checkbox"/> 2.00 <input type="checkbox"/> 3.00 |
| Total Licensing Fees | | | | |
| Payment processing fee (<u>only if paying by credit card</u>) x.0375 | | | | |
| Total Fees Due \$ | | | | |
| PAYMENT METHOD | | | | |
| <input type="checkbox"/> Enclosed is a check or money order payable to <u>WCRL</u> in U.S. funds | | | | |
| <input type="checkbox"/> ACH/Electronic Check (fill out the following information) | | | | |
| Name on Account: | | | | |
| Bank Name: | | | Bank/Branch Location: | |
| ABA Bank # (9 digits): | | Bank Acct # (6 to 16-digits): | | |
| ACCT TYPE: <input type="checkbox"/> Commercial Checking <input type="checkbox"/> Personal Checking <input type="checkbox"/> Commercial Savings <input type="checkbox"/> Personal Savings | | | | |
| Authorized Account Signature: _____ | | | Date: _____ | |
| <input type="checkbox"/> Credit Card (Mail, Phone, or Fax credit card information to the WCRL Office) | | | | |
| Cardholder Name: | | | | |
| Account #: | | Expiration: | CSC: | |
| Billing Address: | | City: | State: | ZIP: |
| Authorized Credit Card Signature: _____ | | | Date: _____ | |
| POST-TRIAL REPORTING CHECKLIST | | | | |
| 1. Assemble post-trial paperwork (no staples) <ul style="list-style-type: none"> <input type="checkbox"/> Trial Score Reporting Sheets--sort by Date, then Trial #, then Level (1,2,3,Pup,Vet), then Class (A,B,Judge's) <input type="checkbox"/> Post-Trial Reporting Summary (<i>this form</i>) <input type="checkbox"/> Licensing Fees <input type="checkbox"/> Judge Evaluations 2. Send Post-trial paperwork with payment to WCRL within 2 weeks of trial via any of the following options: <ul style="list-style-type: none"> <input type="checkbox"/> Mail to WCRL, P.O. Box 850955, Richardson, TX 75085 <input type="checkbox"/> Physical address for deliveries by courier (e.g., FedEx, UPS) is 720 F. Avenue, Suite 103, Plano, TX 75074 <input type="checkbox"/> Fax to 972-231-9700 <input type="checkbox"/> Email as a PDF to gs@rallydogs.com 3. Keep score sheets and entry forms for a minimum of one year | | | | |