



Post-Trial Reporting Summary

Group # _____ Event # _____

TRIAL INFORMATION						
Trial Date(s):			Trial Host Name:			
Trial Secretary:			Email:			
LICENSING FEES						
	Day 1	Day 2	Day 3	Total Entries	Fee per Entry	Totals
Regular Class Entries (L1, L2, L3, Vet, Intro, including scratched)					\$3.00	
Specialty (Non-titling) Class Entries (including scratched)					\$3.00	
Total Licensing Fees						
Payment processing fee (only if paying by credit card) x .0375						
Total Fees Due \$						
POST-TRIAL REPORTING CHECKLIST						
<p>1. Assemble post-trial paperwork (no staples) – MUST BE FILED TOGETHER</p> <p><input type="checkbox"/> Trial Score Reporting Sheets—sort by Date, then Trial #, then Class</p> <p><input type="checkbox"/> Post-Trial Reporting Summary (this form) (available from Forms & Documents Library at www.rallydogs.com)</p> <p><input type="checkbox"/> Payment (Licensing Fees; include check or complete information below)</p> <p><input type="checkbox"/> Judge Evaluations (available from Forms & Documents Library at www.rallydogs.com)</p> <p>2. Send Post-trial paperwork with payment to WCRL within 1 week of trial via USPS Mail, courier service, or Email:</p> <ul style="list-style-type: none"> • Mail/ship to: (e.g., USPS, FedEx, UPS): 101 E Park Blvd, Suite 600, Plano, TX 75074-8818 • Fax to: (1) (972) 231-9700 • Email as a PDF to groupServices@rallydogs.com (one PDF per event or per trial) if paying electronically <p>3. Keep score sheets and entry forms for a minimum of one year</p>						
PAYMENT METHOD (Check One)						
<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 information			Name on Checking Account:			
Bank Name:			Bank/ Branch Location:			
ABA Bank # (9 digits):			Bank Acct # (6 to 16-digits):			
Account Type: <input type="checkbox"/> Commercial Checking <input type="checkbox"/> Personal Checking <input type="checkbox"/> Commercial Savings <input type="checkbox"/> Personal Savings						
I represent and warrant that I am authorized signer on the above account and hereby authorize WCRL to process a draft against the above account in the amount indicated herein via the Automated Clearinghouse (ACH) network:						
Authorized Account Signature: _____				Date: _____		
<input type="checkbox"/> Credit Card information			Cardholder Name:			
Account #:		Expiration:	CSC:	Email:		
Billing Address:			City:		State:	Zip:
Authorized Credit Card Signature: _____				Date: _____		