



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						
POST-TRIAL REPORTING CHECKLIST						
1. Assemble post-trial paperwork (no staples) – MUST BE FILED TOGETHER <input type="checkbox"/> Trial Score Reporting Sheets—sort by Date, then Trial #, then Class <input type="checkbox"/> Post-Trial Reporting Summary (this form) (available from Forms & Documents Library at www.rallydogs.com) <input type="checkbox"/> Payment (Licensing Fees; include check or complete information below) <input type="checkbox"/> Judge Evaluations (available from Forms & Documents Library at www.rallydogs.com)						
2. Send Post-trial paperwork with payment to WCRL within 1 week of trial via USPS Mail, courier service, or Email: <ul style="list-style-type: none"> • Physical address for deliveries (e.g., USPS, FedEx, UPS): 101 E Park Blvd, Suite 600, Plano, TX 75074-8818 • Email as a PDF to groupServices@rallydogs.com (one PDF per event or per trial) if paying electronically 						
3. Host must keep score sheets and entry forms for a minimum of one year						
PAYMENT METHOD (Check One)						
<input type="checkbox"/> Enclosed is a check or money order payable to <u>WCRL</u> in U.S. funds Check # _____						
<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				Amount to be Charged: (inc. convenience fee @ 3.75%)		
Account #: _____				Expiration: _____		CVC: _____
Name on Card: _____				Email: _____		
Billing Address: _____				City: _____		State: _____
						Zip: _____
I represent and warrant that I am authorized signer on the above account and hereby authorize WCRL to charge my card for licensing fees and the processing fee in the amount indicated above:						
Authorized Credit Card Signature: _____						Date: _____