





Join Us for a  
**FUN LEARNING DAY!**

*Learn* ★ *Connect* ★ *Have Fun!*

SAVE THE DATE!

**JULY 3**

LEARN HOW TO:

★ LURE OP ★

★ HUNTMASTER ★

★ FTS ★

JUDGING SEMINAR

PRACTICE ★ EDUCATE ★ EXCEL

*All are welcome!*

MORE  
DETAILS  
COMING  
SOON!



LEARN

SHARE

GROW

HAVE FUN!

★ BUILDING SKILLS ★  
★ BUILDING COMMUNITY ★  
★ BUILDING THE FUTURE ★

★ ★ ★ TOGETHER WE RUN, LEARN & CELEBRATE! ★ ★ ★

AMERICAN SIGHTHOUND FIELD ASSOCIATION

*Hosted by the Upper Chesapeake Bay Saluki Club*



**July 4 & 5, 2026**

**Hanover Shoe Farms Lure Coursing Complex, Hanover, PA**

**ONLINE ENTRIES & PAYMENTS ACCEPTED AT:**

**<https://form.jotform.com/261397482926167>**

**ENTRIES WILL NOT BE ACKNOWLEDGED BY  
RETURN MAIL OR PHONE**

Free RV parking and camping on the field. Self  
contained vehicles only. No Hook-Ups.

No Vehicles on the Grass except Golf Carts



FTS  
Cindy Antonik  
548 Wharton Avenue  
Altoona, PA 16602  
(814) 232-6011 (Text Preferred)  
topazito11@gmail.com

For more info and our coursing schedule, please visit our websites:

[www.hanoverlurecoursingclubs.com](http://www.hanoverlurecoursingclubs.com)

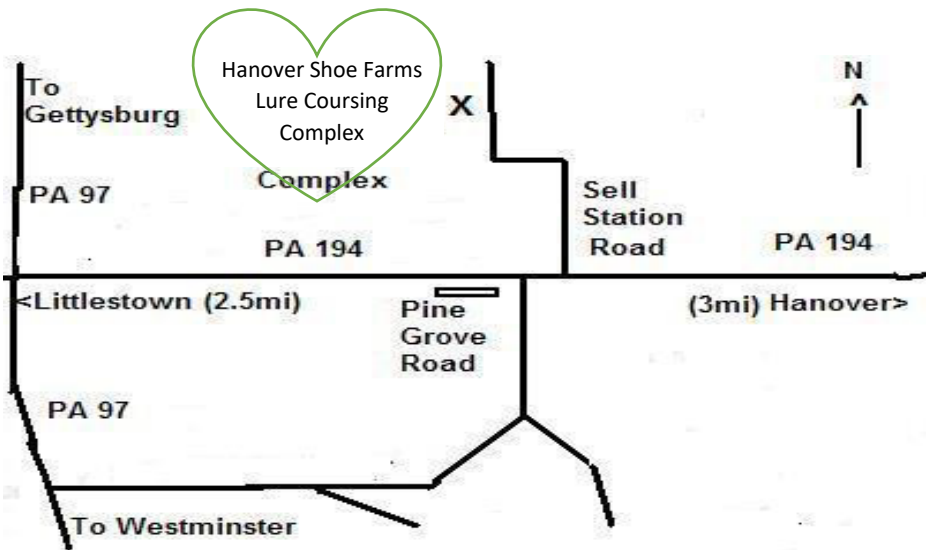
Directions to Hanover Shoe Farms, Sells Station Road site:

*From West or South:* Rt. 97 to Littlestown. At traffic light take Rt. 194 North to Sells Station Road. Left on Sells Station Road; 1.3 miles to site.

*From East and North:* Rt. 194 South out of Hanover. Sells Station Road is 0.8 miles past the main entrance to Hanover Shoe Farms; 1.3 miles to site.

*General Site Directions:* The Sells Station Road Soccer Complex is fenced and remote from busy roads. The weather may be hot, and field conditions vary from dry through wet and muddy. Please provide shade and water for your hounds.

Map of Area



**MOTELS: Please confirm pet policy**

Best Western, Westminster, MD (410) 857-1900

Boston Inn, Westminster, MD (800) 634-0846

Quality Inn & Suites, Gettysburg, PA (717) 337-2400

Super 8 – Gettysburg, Gettysburg, PA (717) 337-1400

Motel 6, York, PA (717) 846-6260

Motel 6, North York, PA (717) 843-8181

Round Top Campgrounds, Gettysburg, PA (877) 362-6732

# PREMIUM LIST

EARLY "MAIL-IN" ENTRIES CLOSE: Wednesday, July 1, 2026, 6pm at  
FTS's address: 548 Wharton Avenue, Altoona, PA 16602

EARLY "ONLINE" ENTRIES CLOSE: Friday, July 3, 2026, 12pm

DAY OF TRIAL ENTRIES CLOSE 30 minutes prior to roll call



## *Upper Chesapeake Bay Saluki Club*



### **ASFA ALL-BREED FIELD TRIALS** **Region 8** *Including the LCI Stakes*

## *July 4 & 5, 2026*

Hanover Shoe Farms Lure Coursing Complex  
950 Sells Station Road  
Littlestown, PA 17340

Cell Phone on site: (814) 232-6011

Early Entry Fee \$25 for the 1st Hound entered; \$22 for additional hounds  
from the same household, Day of Trial Entries \$30 each

UCBSC appreciates the continuing generosity of the Hanover Shoe Farms Inc  
for permitting the use of their field for this event.

Permission has been granted by the American Sighthound Field Association  
for the holding of this event under ASFA Rules and Regulations

Samantha Duryee, Chairperson, ASFA Scheduling Committee

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Go to [www.ASFA.org](http://www.ASFA.org) for online Rulebook, Policies, Contacts, Clubs,  
Trial Schedules, Trial Results & much more.

**Upper Chesapeake Bay Saluki Club 2026**

Kathy Sanders, President

Carol Smith, Vice President

Ping Pirrung, Secretary

John Antonik, Treasurer

Directors: Cindy Antonik, Krista Shreet, Pam Buswell

### JUDGES & ASSIGNMENTS

Kirby Overcash - Maiden Road, Maiden NC

Kathy Sanders - Southampton NJ

Jennifer Gysler - Pinon Hills CA

S = Single Judge

\* = Provisional Judge

X = Multiple Judges

| Saturday        |    |    |    |    |   |   |    |    |    |     |     |    |    |    |    |    |    |   |      |     |
|-----------------|----|----|----|----|---|---|----|----|----|-----|-----|----|----|----|----|----|----|---|------|-----|
| Judge           | Af | Az | Ba | Bz | C | G | Ib | IG | IW | LCI | PIO | Ph | RR | Sa | SD | SL | SW | W | Prov | Sgl |
| Kirby Overcash  |    | S  | S  | S  | S | S |    | S  |    |     | S   | S  | S  |    |    |    | S  |   |      | S   |
| Jennifer Gysler |    |    |    |    |   |   | S  |    | S  | S   |     |    |    |    | S  | S  |    | S | S    |     |
| Kathy Sanders   | S  |    |    |    |   |   |    |    |    |     |     |    |    | S  |    |    |    |   |      |     |
|                 |    |    |    |    |   |   |    |    |    |     |     |    |    |    |    |    |    |   |      |     |
| Sunday          |    |    |    |    |   |   |    |    |    |     |     |    |    |    |    |    |    |   |      |     |
| Judge           | Af | Az | Ba | Bz | C | G | Ib | IG | IW | LCI | PIO | Ph | RR | Sa | SD | SL | SW | W | Prov | Sgl |
| Kirby Overcash  |    |    |    |    |   |   | S  |    | S  | S   |     |    |    |    | S  | S  |    | S | S    |     |
| Jennifer Gysler | S  | S  | S  | S  | S | S |    | S  |    |     | S   | S  | S  | S  |    |    | S  |   |      | S   |
|                 |    |    |    |    |   |   |    |    |    |     |     |    |    |    |    |    |    |   |      |     |

### FIELD COMMITTEE

|                       |                                                                                                            |
|-----------------------|------------------------------------------------------------------------------------------------------------|
| Field Trial Chairman  | John Antonik – <a href="mailto:Johnssuperjungle@gmail.com">Johnssuperjungle@gmail.com</a> – (814) 232-6010 |
| Field Trial Secretary | Cindy Antonik - topazito11@gmail.com - (814) 232-6011                                                      |
| Lure Operators        | John Antonik, Patrick McClelland, Cindy Antonik, Kathy Sanders                                             |
| Field Clerks          | Kathy Sanders, Pam Buswell, Cindy Antonik                                                                  |
| Huntmasters           | John Antonik, Patrick McClelland                                                                           |
| Inspection            | Cindy Antonik, Pam Buswell, Carol Smith, Carle Lee Detweiler                                               |

Trial Hours: 6:30am UNTIL AFTER RIBBONS ARE AWARDED

Day of Trial entries close at 6:30am

Substitutions (same owner) until 6:30am day of trial

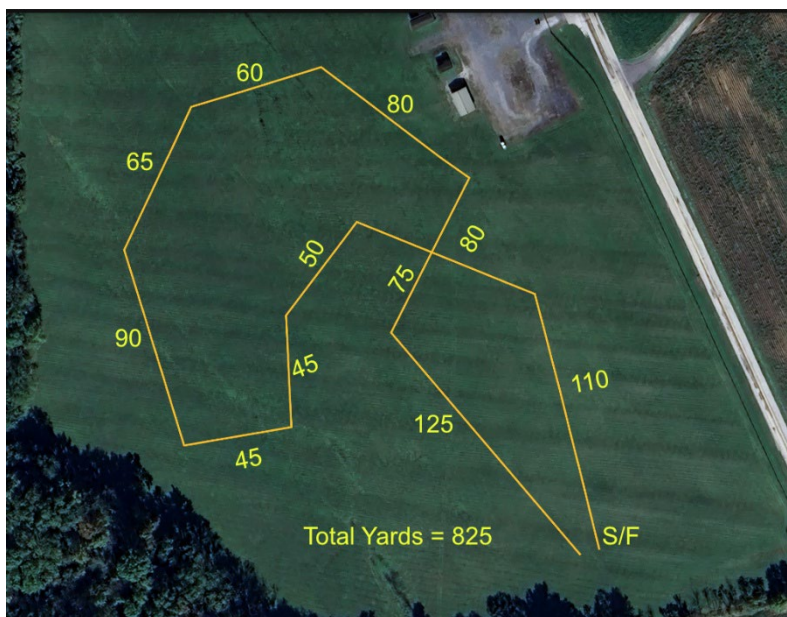
**ROLL CALL: Promptly at 7:00am**

# COURSE PLANS

## Saturday – 805 Yards



## Sunday – 825 Yards



## **Ribbons and Rosettes will be offered for all placements**

First=Blue, Second=Red, Third=Yellow, Fourth=White, NBQ=Green  
Highest Scoring Singles=Navy/Gold, Best of Breed=Purple/Gold,  
Best in Field= Red, White & Blue

### **ELIGIBLE BREEDS & REGISTRY**

Only purebred Afghan Hounds, Azawakhs, Basenjis, Borzoi, Cirneco dell'Etna, Greyhounds, Ibizan Hounds, Irish Wolfhounds, Italian Greyhounds, Peruvian Inca Orchid, Pharaoh Hounds, Rhodesian Ridgebacks, Salukis, Scottish Deerhounds, Silken Windhounds, Sloughis, and Whippets.

Provisional breeds may be entered in the Provisional Stake or the Singles Stake. Provisional breeds currently include purebred Chart Polski, Galgo Español, Magyar Agar, Portuguese Podengo (Pequeno), Portuguese Podengo (Medio & Grande), and must be individually registered with the appropriate registry.

All entries shall be individually registered with the AKC (ILP/PAL included), the NGA, the UKC, the FCI, an ASFA-recognized foreign or ASFA Board approved registry, or possess a CRN from the SPDBS. A photocopy of acceptable registry must be submitted with each hound's first ASFA field trial entry; this requirement is waived for hounds registered with the NGA.

### **REGULAR STAKES OFFERED**

**OPEN STAKE:** Any eligible sighthound that has met certification requirements, excluding ASFA Field Champions of record.

**FIELD CHAMPION STAKE:** Any ASFA Field Champion

**VETERAN STAKE:** Any eligible hound whose age is at least six years, except Irish Wolfhounds whose age shall be at least five years, and Afghan Hounds, Rhodesian Ridgebacks, Salukis, Whippets, and Ibizan Hounds whose age shall be at least seven years. Points go toward V-FCh or V-LCM titles.

**PROVISIONAL STAKE:** Any eligible sighthound of a Provisional breed that has met certification requirements. Not eligible to compete in Best of Breed or Best in Field.

**SINGLES STAKE:** Any eligible sighthound including those disqualified to run in other stakes. Each hound runs alone. Not eligible for Best of Breed or Best in Field. Hounds are eligible to earn TCP and CPS titles from the Singles stake.



**LURE CHASING INSTINCT (LCI) STAKE:** Open to NON sighthounds and sighthound mixes. All entries shall be individually registered with the AKC (including ILP & PAL) or the UKC. A photocopy of acceptable registry must be submitted with each dog's first ASFA field trial entry. Dogs without a recognized registry number may obtain an ASFA ID number for a \$10 registration fee at time of entry.

**Small Open:** for dogs 17-1/2 inches or less at the withers and / or brachycephalic ("flat-faced") dogs who have not achieved the title of LCC.

**Small Excellent:** for dogs 17-1/2 inches or less at the withers and/or brachycephalic dogs who have achieved the title of LCC.

**Small Veteran:** for dogs 17-1/2 inches or less at the withers and/or brachycephalic dogs over the age of 7 years.

**Large Open:** for dogs over 17-1/2 inches at the withers who have not achieved the title of LCC.

**Large Excellent:** is for dogs over 17-1/2 inches at the withers who have achieved the title of LCC.

**Large Veteran:** for dogs over 17-1/2 inches at the withers who are over the age of 7 years.

**Sighthound Mix Open:** for dogs with a sighthound breed in its background who have not achieved the title of LCC.

**Sighthound Mix Excellent:** for dogs with sighthound breed in its background who have achieved the title of LCC.

**Sighthound Mix Veteran:** for dogs with sighthound breed in its background over the age of 7 years.

When running as a stake within a regular ASFA trial, Small will run 50% of the ASFA course as laid out for the sighthounds up to a maximum of 400 yards. All other stakes will run the full ASFA laid out course length.

**BEST IN FIELD WILL BE OFFERED BOTH DAYS !!!!**

**Veterinarian on call:**

Central Carroll Animal Emergency  
1030 Baltimore Blvd. #180  
Westminster, MD 21157  
410-871-2000

**OTHER INFORMATION**

- All entries must be one year or older on the day of the trial
- Stakes will be split into flights by public random draw if the entry in any regular stake is 20 or more
- Bitches in season, lame hounds and hounds with breed disqualifications will be excused at roll call. Spayed, neutered,

monorchid or cryptorchid hounds without breed disqualifications may be entered.

- Hounds with breed disqualifications are not eligible to enter except in the Singles Stake
- Hounds not present at the time of roll call will be scratched
- All hounds will run twice, in trios if possible or braces (except in the Singles Stake), unless excused, dismissed or disqualified.
- Battery powered, continuous loop lure machines will be used. The lure will consist of white plastic strips and may be embellished with Fur. Backup equipment will be available.
- The course will be reversed for the finals, runoffs and Best of Breed.

The members of UCBSC reserve the right to alter the course plan as required by weather and/or field conditions on the date of the trial. Exhibitors are requested to not bring bitches known to be in season to the field.

There will be a \$5.00 fine assessed for any loose hound not participating in the course. Any person may, upon reasonable complaint, be asked to leave the grounds of the field trial by the Field Trial Chair or Committee.

The field is board fenced; camping is permitted, but there is NO electricity or water. Children must be under control of their parents or guardians at all times.

ALL RETURNED CHECKS WILL BE CHARGED A \$40 FEE.

PLEASE CLEAN UP AFTER YOURSELVES AND YOUR HOUNDS!!!

CERTIFICATIONS will be offered on Saturday after completion of the trial if weather, equipment, daylight, and judges permit. The cost is \$10.00 per hound.

Please bring water and shade as there is none available on the field.

Lunch will be available both days for \$5 or bring a dish to share. Workers & Judges eat first.



OFFICIAL AMERICAN SIGHTHOUND FIELD ASSOCIATION ENTRY FORM

*Upper Chesapeake Bay Saluki Club*

Saturday, July 4, 2026

EARLY "MAIL-IN" ENTRIES CLOSE:

Wednesday, July 1, 2026, 6pm at FTS's address

EARLY "ONLINE" ENTRIES CLOSE: Friday, July 3, 2026, 12pm

DAY OF Entries – 30 minutes prior to roll call

Early Entry Fee \$25 for the 1st Hound entered; \$22 for additional hounds from the same household, Day of Trial Entries \$30 each

Make checks payable to: UCBSC in US Funds Only and mail to:

Cindy Antonik, FTS – 548 Wharton Avenue, Altoona, PA 16602

Fee Paid \_\_\_\_\_ The Field Secretary cannot accept conditional, unsigned, incomplete or unpaid entries; please check your completed entry carefully.

|                                                                                                                                                                               |                |                                                                    |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------|-----|
| Breed                                                                                                                                                                         | Call Name:     |                                                                    |     |
| Registered Name of Hound                                                                                                                                                      |                |                                                                    |     |
| Stake:<br><input type="checkbox"/> Open <input type="checkbox"/> FCH <input type="checkbox"/> Veteran. <input type="checkbox"/> Singles. <input type="checkbox"/> Provisional |                |                                                                    |     |
| Registration Number: (Please write in registering body before number)                                                                                                         |                |                                                                    |     |
| <input type="checkbox"/> If possible, please separate my hounds                                                                                                               | Date of Birth: | Sex: <input type="checkbox"/> Dog. <input type="checkbox"/> Birtch |     |
| Name of actual owner(s):                                                                                                                                                      |                |                                                                    |     |
| Address:                                                                                                                                                                      |                | Phone:                                                             |     |
| City:                                                                                                                                                                         |                | State                                                              | Zip |
| E-Mail (Optional):                                                                                                                                                            |                | Region of Residence (Optional)                                     |     |
| Emergency Contact Name and Phone (Optional):                                                                                                                                  |                |                                                                    |     |
| <input type="checkbox"/> Check if this is the first ASFA trial for this hound. Attach a Hound Certification or waiver if entered in Open, Veterans, Provisional.              |                |                                                                    |     |
| <input type="checkbox"/> Check if this is a first-time entry, a copy of the official Registration of this hound must accompany this entry unless NGA.                         |                |                                                                    |     |
| <input type="checkbox"/> Check if any information has changed since the last ASFA trial entry. Regarding                                                                      |                |                                                                    |     |
| <input type="checkbox"/> Check if this hound has been dismissed within the last 6 trials entered. Must be marked in order to qualify for a "clean" trial requirement.         |                |                                                                    |     |

I CERTIFY that I am the actual owner of this dog, or that I am the duly authorized agent of the actual owner whose name I have entered above. In consideration of the acceptance of this entry and the opportunity to have this dog judged and to win prize money, ribbons, or trophies, I (we) agree to abide by the rules and regulations of the American Sighthound Field Association in effect at the time of this lure field trial, and by any additional rules and regulations appearing in the premium list for this lure field trial. I (we) agree that the club holding this lure field trial has the right to refuse this entry for cause, which the club shall deem to be sufficient. I (we) agree to hold this club, its members, directors, governors, officers, agents or other functionaries, any employees of the aforementioned parties and the owner(s) of the trial premises or grounds harmless from any claim for loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of this dog while in or upon the lure field trial premises or grounds or near any entrance thereto and I (we) personally assume all responsibility and liability for any such claim, and I (we) further agree to hold the aforementioned parties harmless from any claim loss of this dog by disappearance, theft damage or injury be caused or alleged to be caused by the negligence of the club or any of the aforementioned parties or by the negligence of any person or any other cause or causes. I (we) certify and represent that the dog entered is not a hazard to person or other dogs. This entry is submitted for acceptance of the forgoing representations and agreements

SIGNATURE of owner or his/her agent duly authorized to make this entry

Please separate the entries before submitting to FTS



**OFFICIAL AMERICAN SIGHTHOUND FIELD ASSOCIATION ENTRY FORM*****Upper Chesapeake Bay Saluki Club*****Sunday, July 5, 2026****EARLY "MAIL-IN" ENTRIES CLOSE:****Wednesday, July 1, 2026, 6pm at FTS's address****EARLY "ONLINE" ENTRIES CLOSE: Friday, July 3, 2026, 12pm****DAY OF Entries – 30 minutes prior to roll call****Early Entry Fee \$25 for the 1st Hound entered; \$22 for additional hounds from the same household, Day of Trial Entries \$30 each****Make checks payable to: UCBSC in US Funds Only and mail to:****Cindy Antonik, FTS – 548 Wharton Avenue, Altoona, PA 16602****Fee Paid \_\_\_\_\_ The Field Secretary cannot accept conditional, unsigned, incomplete or unpaid entries; please check your completed entry carefully.**

|                                                                                                                                                                       |                |                                                                   |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------|-----|
| Breed                                                                                                                                                                 |                | Call Name:                                                        |     |
| Registered Name of Hound                                                                                                                                              |                |                                                                   |     |
| Stake:                                                                                                                                                                |                |                                                                   |     |
| <input type="checkbox"/> Open <input type="checkbox"/> FCH <input type="checkbox"/> Veteran. <input type="checkbox"/> Singles. <input type="checkbox"/> Provisional   |                |                                                                   |     |
| Registration Number: (Please write in registering body before number)                                                                                                 |                |                                                                   |     |
| <input type="checkbox"/> If possible, please separate my hounds                                                                                                       | Date of Birth: | Sex: <input type="checkbox"/> Dog. <input type="checkbox"/> Bitch |     |
| Name of actual owner(s):                                                                                                                                              |                |                                                                   |     |
| Address:                                                                                                                                                              |                | Phone:                                                            |     |
| City:                                                                                                                                                                 |                | State                                                             | Zip |
| E-Mail (Optional):                                                                                                                                                    |                | Region of Residence (Optional)                                    |     |
| Emergency Contact Name and Phone (Optional):                                                                                                                          |                |                                                                   |     |
| <input type="checkbox"/> Check if this is the first ASFA trial for this hound. Attach a Hound Certification or waiver if entered in Open, Veterans, Provisional.      |                |                                                                   |     |
| <input type="checkbox"/> Check if this is a first-time entry, a copy of the official Registration of this hound must accompany this entry unless NGA.                 |                |                                                                   |     |
| <input type="checkbox"/> Check if any information has changed since the last ASFA trial entry. Regarding                                                              |                |                                                                   |     |
| <input type="checkbox"/> Check if this hound has been dismissed within the last 6 trials entered. Must be marked in order to qualify for a "clean" trial requirement. |                |                                                                   |     |

I CERTIFY that I am the actual owner of this dog, or that I am the duly authorized agent of the actual owner whose name I have entered above. In consideration of the acceptance of this entry and the opportunity to have this dog judged and to win prize money, ribbons, or trophies, I (we) agree to abide by the rules and regulations of the American Sighthound Field Association in effect at the time of this lure field trial, and by any additional rules and regulations appearing in the premium list for this lure field trial. I (we) agree that the club holding this lure field trial has the right to refuse this entry for cause, which the club shall deem to be sufficient. I (we) agree to hold this club, its members, directors, governors, officers, agents or other functionaries, any employees of the aforementioned parties and the owner(s) of the trial premises or grounds harmless from any claim for loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of this dog while in or upon the lure field trial premises or grounds or near any entrance thereto and I (we) personally assume all responsibility and liability for any such claim, and I (we) further agree to hold the aforementioned parties harmless from any claim loss of this dog by disappearance, theft damage or injury be caused or alleged to be caused by the negligence of the club or any of the aforementioned parties or by the negligence of any person or any other cause or causes. I (we) certify and represent that the dog entered is not a hazard to person or other dogs. This entry is submitted for acceptance of the foregoing representations and agreements

---

**SIGNATURE of owner or his/her agent duly authorized to make this entry****Please separate the entries before submitting to FTS**

# AMERICAN SIGHTHOUND FIELD ASSOCIATION

## Hound Certification

Rule effective October 1, 1994: Ch. V, Sec. 4 (a) OPEN STAKE: To be eligible to enter the open stake, a hound must have been certified by a licensed judge within the year preceding the closing date for the entry or have previously competed in the Open Stake. This eligibility requirement also applies to a hound entered in the Provisional or Veteran Stake, which has not competed in Open previously. Please complete this portion of this form and attach it to the entry form for the hound's first entry, including an entry for a Fun Trial.

Registered Name of Hound: \_\_\_\_\_

Registration Number: \_\_\_\_\_ Breed: \_\_\_\_\_

Registered Owner's Name: \_\_\_\_\_

I hereby certify that on (date) \_\_\_\_\_, the above named hound completed a lure course of at east 500 yards, running with another hound of the same breed (or another breed with similar running style). During the course the above named hound showed no inclination to interfere with the other hound. I further certify that I am a licensed judge for the ASFA.

Name of Licensed Judge: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby certify that the hound running in the certification course is the hound identified above ant that information provided on this form is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Owner or Authorized Agent of Hound)

This certification form must be attached to the entry form the first time this hound is entered in an open, Provisional, or veteran stake. Any hound entered in open, Provisional, or veteran (as a first time entered hound), which has not been certified, shall be declared ineligible by the records coordinator and shall forfeit any points and placements awarded.

**PLEASE RETAIN A COPY FOR YOUR RECORDS.**

## ***AMERICAN SIGHTHOUND FIELD ASSOCIATION*** **HOUD CERTIFICATION WAIVER**

Waiver of Requirement: This requirement will be waived for a hound that has earned a lure coursing or racing title from another recognized organization, if such title requires competition, and if a waiver for such title has been approved by the ASFA, or a CKC Hound Certification Form. If your hound qualifies for a waiver, complete this portion of this form and attach it to your entry form. Proof of waivers must accompany this certification form.

Registered Name of Hound: \_\_\_\_\_

Registration Number: \_\_\_\_\_ Breed: \_\_\_\_\_

Registered Owner's Name: \_\_\_\_\_

CKC FCH FCHS

AKC QC SC FC

Hound Certification previously submitted

I hereby certify that the hound running in the certification course is the hound identified above ant that information provided on this form is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Owner or Authorized Agent of Hound)

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Waiver of Requirement: This requirement will be waived for a hound that has earned a lure coursing or racing title from another recognized organization, if such title requires competition, and if a waiver for such title has been approved by the ASFA, or a CKC Hound Certification Form. If your hound qualifies for a waiver, complete this portion of this form and attach it to your entry form. Proof of waivers must accompany this certification form.

Registered Name of Hound: \_\_\_\_\_

Registration Number: \_\_\_\_\_ Breed: \_\_\_\_\_

Registered Owner's Name: \_\_\_\_\_

CKC    FCH    FCHS  
AKC    QC    SC    FC

Hound Certification previously submitted

I hereby certify that the hound running in the certification course is the hound identified above ant that information provided on this form is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Owner or Authorized Agent of Hound)

OFFICIAL AMERICAN SIGHTHOUND FIELD ASSOCIATION ENTRY FORM

Upper Chesapeake Bay Saluki Club

Saturday, July 4, 2026

EARLY “MAIL-IN” ENTRIES CLOSE:

Wednesday, July 1, 2026, 6pm at FTS’s address

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Cindy Antonik, FTS – 548 Wharton Avenue, Altoona, PA 16602

Fee Paid \_\_\_\_\_ The Field Secretary cannot accept conditional, unsigned, incomplete or unpaid entries; please check your completed entry carefully.

|                                                                                                                                                                                                                                  |  |                                                                    |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------|-----|
| Breed                                                                                                                                                                                                                            |  | Call Name:                                                         |     |
| Registered Name of Hound                                                                                                                                                                                                         |  |                                                                    |     |
| Stake:<br><input type="checkbox"/> LCI-Small <input type="checkbox"/> LCI-Large <input type="checkbox"/> LCI-Sighthound Mix<br><input type="checkbox"/> Open <input type="checkbox"/> Excellent <input type="checkbox"/> Veteran |  |                                                                    |     |
| Registration Number: (Please write in registering body before number)                                                                                                                                                            |  |                                                                    |     |
| Date of Birth:                                                                                                                                                                                                                   |  | Sex: <input type="checkbox"/> Dog. <input type="checkbox"/> Birtch |     |
| Name of actual owner(s):                                                                                                                                                                                                         |  |                                                                    |     |
| Address:                                                                                                                                                                                                                         |  | Phone:                                                             |     |
| City:                                                                                                                                                                                                                            |  | State                                                              | Zip |
| E-Mail (Optional):                                                                                                                                                                                                               |  | Region of Residence (Optional)                                     |     |
| Emergency Contact Name and Phone (Optional):                                                                                                                                                                                     |  |                                                                    |     |
| <input type="checkbox"/> Check if this is a first-time entry, a copy of the official Registration of this hound must accompany this entry. (i.e., AKC Registration form, PAL registration, Canine Partner, etc.)                 |  |                                                                    |     |
| <input type="checkbox"/> Check if any information has changed since the last ASFA trial entry. Regarding                                                                                                                         |  |                                                                    |     |

I CERTIFY that I am the actual owner of this dog, or that I am the duly authorized agent of the actual owner whose name I have entered above. In consideration of the acceptance of this entry and the opportunity to have this dog judged and to win prize money, ribbons, or trophies, I (we) agree to abide by the rules and regulations of the American Sighthound Field Association in effect at the time of this lure field trial, and by any additional rules and regulations appearing in the premium list for this lure field trial. I (we) agree that the club holding this lure field trial has the right to refuse this entry for cause, which the club shall deem to be sufficient. I (we) agree to hold this club, its members, directors, governors, officers, agents or other functionaries, any employees of the aforementioned parties and the owner(s) of the trial premises or grounds harmless from any claim for loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of this dog while in or upon the lure field trial premises or grounds or near any entrance thereto and I (we) personally assume all responsibility and liability for any such claim, and I (we) further agree to hold the aforementioned parties harmless from any claim loss of this dog by disappearance, theft damage or injury be caused or alleged to be caused by the negligence of the club or any of the aforementioned parties or by the negligence of any person or any other cause or causes. I (we) certify and represent that the dog entered is not a hazard to person or other dogs. This entry is submitted for acceptance of the forgoing representations and agreements

SIGNATURE of owner or his/her agent duly authorized to make this entry



**OFFICIAL AMERICAN SIGHTHOUND FIELD ASSOCIATION ENTRY FORM**  
***Upper Chesapeake Bay Saluki Club***

**Sunday, July 5, 2026**

**EARLY "MAIL-IN" ENTRIES CLOSE:**

**Wednesday, July 1, 2026, 6pm at FTS's address**

**EARLY "ONLINE" ENTRIES CLOSE: Friday, July 3, 2026, 12pm**

**DAY OF Entries – 30 minutes prior to roll call**

**Early Entry Fee \$25 for the 1st Hound entered; \$22 for additional hounds from the same household, Day of Trial Entries \$30 each**

**Make checks payable to: UCBSC in US Funds Only and mail to:**

**Cindy Antonik, FTS – 548 Wharton Avenue, Altoona, PA 16602**

**Fee Paid \_\_\_\_\_ The Field Secretary cannot accept conditional, unsigned, incomplete or unpaid entries; please check your completed entry carefully.**

|                                                                                                                                                                                                                                  |  |                                                                    |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------|-----|
| Breed                                                                                                                                                                                                                            |  | Call Name:                                                         |     |
| Registered Name of Hound                                                                                                                                                                                                         |  |                                                                    |     |
| Stake:<br><input type="checkbox"/> LCI-Small <input type="checkbox"/> LCI-Large <input type="checkbox"/> LCI-Sighthound Mix<br><input type="checkbox"/> Open <input type="checkbox"/> Excellent <input type="checkbox"/> Veteran |  |                                                                    |     |
| Registration Number: (Please write in registering body before number)                                                                                                                                                            |  |                                                                    |     |
| Date of Birth:                                                                                                                                                                                                                   |  | Sex: <input type="checkbox"/> Dog. <input type="checkbox"/> Birtch |     |
| Name of actual owner(s):                                                                                                                                                                                                         |  |                                                                    |     |
| Address:                                                                                                                                                                                                                         |  | Phone:                                                             |     |
| City:                                                                                                                                                                                                                            |  | State                                                              | Zip |
| E-Mail (Optional):                                                                                                                                                                                                               |  | Region of Residence (Optional)                                     |     |
| Emergency Contact Name and Phone (Optional):                                                                                                                                                                                     |  |                                                                    |     |
| <input type="checkbox"/> Check if this is a first-time entry, a copy of the official Registration of this hound must accompany this entry. (i.e., AKC Registration form, PAL registration, Canine Partner, etc.)                 |  |                                                                    |     |
| <input type="checkbox"/> Check if any information has changed since the last ASFA trial entry. Regarding                                                                                                                         |  |                                                                    |     |

I CERTIFY that I am the actual owner of this dog, or that I am the duly authorized agent of the actual owner whose name I have entered above. In consideration of the acceptance of this entry and the opportunity to have this dog judged and to win prize money, ribbons, or trophies, I (we) agree to abide by the rules and regulations of the American Sighthound Field Association in effect at the time of this lure field trial, and by any additional rules and regulations appearing in the premium list for this lure field trial. I (we) agree that the club holding this lure field trial has the right to refuse this entry for cause, which the club shall deem to be sufficient. I (we) agree to hold this club, its members, directors, governors, officers, agents or other functionaries, any employees of the aforementioned parties and the owner(s) of the trial premises or grounds harmless from any claim for loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of this dog while in or upon the lure field trial premises or grounds or near any entrance thereto and I (we) personally assume all responsibility and liability for any such claim, and I (we) further agree to hold the aforementioned parties harmless from any claim loss of this dog by disappearance, theft damage or injury be caused or alleged to be caused by the negligence of the club or any of the aforementioned parties or by the negligence of any person or any other cause or causes. I (we) certify and represent that the dog entered is not a hazard to person or other dogs. This entry is submitted for acceptance of the forgoing representations and agreements

\_\_\_\_\_  
**SIGNATURE of owner or his/her agent duly authorized to make this entry**

**OFFICIAL AMERICAN SIGHTHOUND FIELD ASSOCIATION ENTRY FORM****Lure Chasing Instinct Registration  
UPPER CHESAPEAKE BAY SALUKI CLUB**

Fee Paid \_\_\_\_\_ The Field Secretary cannot accept conditional, unsigned, incomplete or unpaid entries; please check your completed entry carefully.

|                                                                                                                                                                                            |                                                                    |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-----|
| Breed                                                                                                                                                                                      | Call Name:                                                         |     |
| Registered Name of Hound                                                                                                                                                                   |                                                                    |     |
| FTS will circle Size after wicketing at Inspection:<br><input type="checkbox"/> Size Small: up to 17 ½ inches (or brachycephalic)<br><input type="checkbox"/> Size Large: over 17 ½ inches |                                                                    |     |
| Registration Number: (Please write in registering body before number)                                                                                                                      |                                                                    |     |
| Date of Birth:                                                                                                                                                                             | Sex: <input type="checkbox"/> Dog. <input type="checkbox"/> Birtch |     |
| Name of actual owner(s):                                                                                                                                                                   |                                                                    |     |
| Address:                                                                                                                                                                                   | Phone:                                                             |     |
| City:                                                                                                                                                                                      | State                                                              | Zip |
| E-Mail (Optional):                                                                                                                                                                         | Region of Residence (Optional)                                     |     |
| Emergency Contact Name and Phone (Optional):                                                                                                                                               |                                                                    |     |

This top portion is to be submitted with the \$10 fee to the ASFA by the Field Trial Secretary, with the records.

~~~~~

\_\_\_\_\_ Was entered in the \_\_\_\_\_  
(Dog's Name) (ASFA Club Name)

ASFA trial held on \_\_\_\_\_. The dog was wicketed at inspection and is registered as Size \_\_\_\_\_. The fee of \$10 was received by the FTS and submitted to the ASFA Records Coordinator.

\_\_\_\_\_  
Printed name of Field Trial Secretary

\_\_\_\_\_  
Signature of Field Trial Secretary

(Owner is to retain the receipt as proof of registration until notified by the ASFA)

**OFFICIAL AMERICAN SIGHTHOUND FIELD ASSOCIATION ENTRY FORM**  
**Lure Chasing Instinct Registration**  
**UPPER CHESAPEAKE BAY SALUKI CLUB**

Fee Paid \_\_\_\_\_ The Field Secretary cannot accept conditional, unsigned, incomplete or unpaid entries; please check your completed entry carefully.

|                                                                                                                                                                                                |            |                                                                    |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------|-----|
| Breed                                                                                                                                                                                          | Call Name: |                                                                    |     |
| Registered Name of Hound                                                                                                                                                                       |            |                                                                    |     |
| FTS will circle Size after wicketing at Inspection:<br><br><input type="checkbox"/> Size Small: up to 17 ½ inches (or brachycephalic)<br><input type="checkbox"/> Size Large: over 17 ½ inches |            |                                                                    |     |
| Registration Number: (Please write in registering body before number)                                                                                                                          |            |                                                                    |     |
| Date of Birth:                                                                                                                                                                                 |            | Sex: <input type="checkbox"/> Dog. <input type="checkbox"/> Birtch |     |
| Name of actual owner(s):                                                                                                                                                                       |            |                                                                    |     |
| Address:                                                                                                                                                                                       |            | Phone:                                                             |     |
| City:                                                                                                                                                                                          |            | State                                                              | Zip |
| E-Mail (Optional):                                                                                                                                                                             |            | Region of Residence (Optional)                                     |     |
| Emergency Contact Name and Phone (Optional):                                                                                                                                                   |            |                                                                    |     |

This top portion is to be submitted with the \$10 fee to the ASFA by the Field Trial Secretary, with the records.

~~~~~

\_\_\_\_\_ Was entered in the \_\_\_\_\_  
(Dog's Name) (ASFA Club Name)

ASFA trial held on \_\_\_\_\_. The dog was wicketed at inspection and is registered as Size \_\_\_\_\_. The fee of \$10 was received by the FTS and submitted to the ASFA Records Coordinator.

\_\_\_\_\_  
Printed name of Field Trial Secretary

\_\_\_\_\_  
Signature of Field Trial Secretary

(Owner is to retain the receipt as proof of registration until notified by the ASFA)

**Whether or not you are an UCBSC member, please consider volunteering to help make this trial a success.. Whether it be as a field clerk, huntmaster or even a runner to get scores and post paperwork; All help is appreciated, and you'll be eligible to enjoy a fabulous lunch on the club.**

**Please see Kathy Sanders or Cindy Antonik for more information.**



**"The youth have been great volunteers.  
Plus, they work for donuts!"**