FILL OUT 1 FORM PER WEIGHT CLASS

Weight Class _____

DATE _____

	Dog Name	Handler Name	Breed	Dogs Wt.	Wt. Pulled	Time	%	Points
1st								
2nd								
3rd								
4th								
5th								
6th								
7th								
8th								
9th								
10th								
11th								
12th								
13th								
14th								
15th								
16th								
17th								
18th								
19th								
20th								

Make Checks/Money Orders payable to the APA.

Mail to: ***American Pulling Alliance - PO BOX 1799, West Plains, MO 65775***