

THE 2012 USPCA REGION 10 TRIALS WILL BE HELD IN BATON ROUGE ON APRIL 9TH-13TH ON THE LSU CAMPUS. SEE ATTACHED REGISTRATION FORM AND ITINERARY.

IF YOU WISH TO JUDGE CONTACT LESTER DAVID AT 225-603-3585 NO LATER THAN JANUARY 31ST 2012

THE 2012 MEMBERSHIP AND EXECUTIVE BOARD MEETING WILL BE HELD ON JANUARY 14TH 2012 AT THE BATON ROUGE POLICE K-9/SRT BUILDING AT 2727 LT GENERAL BEN DAVIS DRIVE (ACROSS FROM BR METRO AIRPORT) AT 1000 HOURS. IF YOU NEED DIRECTIONS YOU CAN CONTACT ME AT 225-317-1703.

I HAVE ALSO INCLUDED THE 2012 USPCA MEMBERSHIP FORMS.

**NOEL SALAMONI
SECRETARY, REGION 10
NSALAMONI@BRGOV.COM**

**United States Police Canine Association
Region 10 Field Trials
April 09 – 13, 2012
Itinerary**

Date/Time Event

Monday – April 09

10:00 AM to 2:00 PM Practice on practice fields
2:30 PM to 4:30 PM Registration PD 1 and Detection (Hotel)
04:30 PM to 05:00 PM Judges Meeting
05:00 PM Competitors Meeting
06:00 PM Hospitality

Tuesday – April 10

08:00 AM Obedience and Agility
12:00 PM Article/Box Search
06:00 PM Hospitality

Wednesday – April 11

08:00 AM Detector inside search
5:00 PM Executive board meeting
5:30 PM General membership meeting
06:00 PM Hospitality

Thursday – April 12

08:00 AM Criminal Apprehension
06:00 PM Hospitality

Friday – April 13

08:00 AM Detector outside search
7:30 PM Awards Banquet

HOTEL:

The Cook Hotel
3848 W. Lakeshore Drive
Baton Rouge, La 70808
(225) 383-2665

Room rates: \$99 a night (Standard King, Standard/Double)
\$119 a night (King Suite/Double Suite)

Complimentary full breakfast buffet served each morning from 0600-0930
for hotel guests.

Contact numbers: Noel Salamoni (BRPD) 225-317-1703
Chet Chambless (LSUPD) 225-454-3915
Daniel Richardson (LSUPD) 225-454-4320

United States Police Canine Association
2012 Region 10 Field Trials
Baton Rouge, Louisiana
April 09th – 13th, 2012

Registration Form

Name: _____ Phone: () _____

Home Address: _____

City: _____ State: _____ Zip: _____

Dept. / Agency Address: _____

City: _____ State: _____ Zip: _____

Certification Type: Patrol _____ : Narcotics _____ : Explosives _____

K-9 Name: _____ Breed: _____

Registration Fee: Single Purpose - \$125.00 Dual Purpose - \$150.00

Make Checks Payable to:
USPCA Region 10

Mail to: Noel Salamoni
7709 Prairie Dr
Greenwell Springs, La 70739
225-317-1703

Liability Agreement

I hereby waive and relinquish the United States Police Canine Association, Region 10, the Baton Rouge Police Department/ LSU Police Department, event organizers and associations of this event from any physical or mental injury to either myself or my canine. I also agree to abide by the rules established by the U.S.P.C.A. while attending this event. My canine is currently up to date on all shots, vaccinations and other immunizations. I accept responsibility for any damage caused by either myself or my canine to the hotel or any related competition training site and/or location. I furthermore accept responsibility to any injury or damage caused by either my canine or myself to any other person or property while attending this event.

Applicants

Signature _____

The United States Police Canine Association, Inc.

Region or District 10 Membership Application 2012

(PLEASE TYPE OR NEATLY PRINT ALL INFORMATION. PLEASE INCLUDE AN E-MAIL ADDRESS)

Renewal: New: Associate: Special: Dual:

Name: _____ Home Telephone: _____

Address: _____ Pager Number: _____

C/S/Z: _____ Date Of Birth: _____

E-mail address: _____

Agency: _____ Work Telephone: _____

Address: _____ FAX: _____

C/S/Z: _____ Number Of Years Employed: _____

Rank: _____ Assignment (Handler/Trainer/Administrator/Retired): _____

K-9 Name: _____ Breed: _____ Age: _____

K-9 Name: _____ Breed: _____ Age: _____

Patrol Trained: Narcotic Trained: Explosive Trained: Other: _____

List Approximate Dates & Agency Where Basic Or Advanced Training Was Completed:

(If necessary use reverse side for additional information)

USPCA Certified Region Judge? Yes No If Yes, What Type? (PDI, PDII, Detector) _____

USPCA Certified National Judge? Yes No If Yes, What Type and National Number? (PDI, Detector) _____

USPCA Certified Trainer? Yes No If Yes, What Level? _____

Death Beneficiary Information (Line of Duty Death Only): _____

Name: _____ Telephone: _____

Address: _____

C/S/Z: _____ Relationship: _____

Signature: _____ Date: _____

Approval of this application provides yearly membership from January to December. Please fill it out completely & legibly and send it with a check for \$40.00, payable to United States Police Canine Association, to:

USPCA
Melinda Ruopp, National Secretary
1575 Wallace Ave.
Marshalltown, IA 50158