

USPCA NATIONAL DETECTOR TRIALS May 2, 2021 – May 5, 2021 Mercer County, NJ Hosted by: U.S.P.C.A. Region #15,



Mercer County Prosecutor's Office and Robbinsville Police Department

Name/Rank: _	ou would like it to appear on your certificate)				
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Department/Agency:			Canine Name:		
Accelerant:	Cadaver:	Explosive:	Game:	Narcotics:	
Registration F	ee: \$150.00 DEADL	INE FOR REGISTI	RATION IS Apri	1 9, 2021	
	e Plaza Princeton-Co	nference Center			
	udders Mill Road				
	oro Township, NJ 08				
	×	Mention "USPCA-K9		/	
Room I	Rates: \$119.00 per ni	ght + Tax (IF NOT TA	AX EXEMPT) - R	eserve room by April 9, 2021	
Contact Person	ns: Joe Angarone (60	9) 610-6678 or Emai	: jangarone@mer	cercounty.org	
	Scott Kivet (732)	236-4859 or Email: <u>s</u>	cottk@robbinsvil	<u>le.net</u>	
Mail signed rea	gistration form and	check (payable to –	USPCA Nationa	l Detector Trials) to:	
Mercer	County Prosecutor's	Office			
Attn: S	gt. Joe Angarone				
1589 La	amberton Road				
Trentor	n, NJ 08650				
Awards Banqu	et: We strongly enco	ourage you to pre-pure	chase tickets for th	he brunch at your time of	
registration. Yo	u will receive your t	icket(s) upon check-ir	. The banquet wil	ll take place at the Crowne	
-	, 2021 from 11am to		-	-	
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Cost: \$25.00

Number of Tickets Purchasing: _____

Contact Person: Joe Angarone (609) 610-6678 or Email: jangarone@mercercounty.org

WAVIER OF LIABILITY

I hereby waive and relinquish the United States Police Canine Association Inc., United States Police Canine Association. Region #15, Mercer County Prosecutor's Office, Robbinsville Police Department, event organizers, and associates of this event from any physical and/or mental injury to myself or my canine. I also agree to abide by the rules established by the U.S.P.C.A., while attending this event. I certify that my canine is up to date on all shots and vaccinations. Furthermore I accept full responsibility for any damages caused by either my canine or myself to any other person or property while attending this event.

Participants Signature: _____ Date: _____