

**Sirius K-9 Solutions/Donna Hreniuk  
NACSW™ – Odor Recognition Test**

**Saturday, February 26, 2022**

**Baptist Camp and Conference Center: 79 Blossom Hill Road Lebanon, NJ 08833**

**\$35.00 Registration Fee per test**

**Payment by check or money order:**

**Payable to Sirius K-9 Solutions**

**And mailed to:**

**Sirius K-9 Solutions/ Donna Hreniuk  
211 Gross Drive  
Glen Gardner, NJ 08826**

**PayPal: [donnahreniuk@icloud.com](mailto:donnahreniuk@icloud.com)**

**If paying by Pay Pal, entrants must pay all applicable fees associated with the transaction.**

Questions: Contact: Donna Hreniuk: [donnahreniuk@icloud.com](mailto:donnahreniuk@icloud.com)

Odor:  Birch  Anise  Clove

Test date: Saturday, February 26, 2022

Dog's Call Name \_\_\_\_\_

Breed(s) \_\_\_\_\_

**Dog's NACSW #** \_\_\_\_\_

Handler's Name \_\_\_\_\_

**Handler's NACSW Membership #** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone where you can easily be reached \_\_\_\_\_

E-mail Address \_\_\_\_\_

**An ORT must be taken and passed at least 14 days before a trial opening date to be eligible for the first draw period.**

**Please contact your host at least 1 day before the ORT if your female dog will be in season.**

All confirmations will be sent via e-mail with attachment within 7 days of receipt of complete registration form and payment. If you require a confirmation via USPS, you must provide a self-addressed stamped envelope.

I/We hereby assume all risks of, and responsibility for, accidents and/or damage to myself or to my property or to others, resulting from the actions of my dog. I/We expressly agree that Donna Hreniuk, Sirius K-9 Solutions, Baptist Camp and Conference Center located at 79 Blossom Hill Road Lebanon, NJ 08833, and/or NACSW or any other person, or persons, of said groups, shall not be held liable personally, or collectively, under any circumstances, for injury, and/or damage to my person, for loss or injury to my property, whether due to uncontrolled dogs or negligence of any member of said groups, or any other cause, or causes.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_