

# World Wide Weight Pull Organization (W3PO)

## Title Request Form

*(Complete and submit to: W3PO, Theresa Thomas, 21978 Stoney Brooklyn Dr., Lexington Park, MD 20653)*

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

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Event Date: \_\_\_\_\_ Event Name: \_\_\_\_\_

Dog's Weight: \_\_\_\_\_ Weight Pulled: \_\_\_\_\_ Percentage: \_\_\_\_\_

Event Date: \_\_\_\_\_ Event Name: \_\_\_\_\_

Dog's Weight: \_\_\_\_\_ Weight Pulled: \_\_\_\_\_ Percentage: \_\_\_\_\_

Event Date: \_\_\_\_\_ Event Name: \_\_\_\_\_

Dog's Weight: \_\_\_\_\_ Weight Pulled: \_\_\_\_\_ Percentage: \_\_\_\_\_

Event Date: \_\_\_\_\_ Event Name: \_\_\_\_\_

Dog's Weight: \_\_\_\_\_ Weight Pulled: \_\_\_\_\_ Percentage: \_\_\_\_\_

Event Date: \_\_\_\_\_ Event Name: \_\_\_\_\_

Dog's Weight: \_\_\_\_\_ Weight Pulled: \_\_\_\_\_ Percentage: \_\_\_\_\_

Event Date: \_\_\_\_\_ Event Name: \_\_\_\_\_

Dog's Weight: \_\_\_\_\_ Weight Pulled: \_\_\_\_\_ Percentage: \_\_\_\_\_

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

Address: \_\_\_\_\_

Contact #: \_\_\_\_\_

Email Address: \_\_\_\_\_

*(Use additional sheets if needed.)*