

OFFICIAL ENTRY FORM (Tracking Test)

Name of Club:					
EVENT INFORMATION	Š				
FEES: Entry Fee _\$	Listing Fee	Listing Fee _\$		Total Enclosed S	
TEST ENTERED:					
DATE:	DATE:	DATE:		DATE:	
TD TDX UTD UTDX	TD TDX UTDX		TD TDX UTDX		
DOG INFORMATION			TRESLAND STORAGE		
Registered Name of Dog: _		- 17	Call Name:		
Breed:	v	ariety		Male Female	
CKC Registration # CKC ERN # CKC PEN #	☐ CKC Miscellaneous # ☐ Listed	Insert Number He	ere:		
dd Date of Birth:	mm yy	Place of Birth:	☐ Canada ☐	Elsewhere	
Breeder:					
Sire:		Dam:			
OWNER(S) & AGENT IN	IFORMATION				
Registered Owner(s):			Membership No.		
Handler:			wembership No.		
Owner's Address: Name of Agent (if any) :					
Agent's Address:					
riguit a riudicaa.	Street Address	City	Prov.	Postal Code	

I CERTIFY that I am the registered owner(s) of the dog or that I am the authorized agent of the actual owner(s) whose name(s) I have entered above and accept full responsibility for all statements made in this entry. In consideration of the acceptance of this entry, I (we) agree to be bound by the rules and regulations of The Canadian Kennel Club and by any additional rules and regulations appearing in the premium list.