

**THE CANADIAN KENNEL CLUB
200 RONSON DRIVE, SUITE 400
ETOBICOKE, ONTARIO M9W 5Z9
Phone: (416) 675-5511
LANCE NOVAK, EXECUTIVE DIRECTOR**

**CKC DIRECTOR FOR EASTERN ONTARIO
THOMAS NESBITT
505 AIRPORT RD. RR 4
STIRLING ONTARIO K0K 3E0
nesbittzone5@gmail.com**

**CKC TRACKING REP
CONNIE GAVIN
8210 Hwy 62 RR#1
FOXBORO, ONTARIO K0K 2B0
Phone: 613-969-0328**

THE CROSS COUNTRY TRACKING CLUB WILL USE ALL REASONABLE CARE TO GUARANTEE THE SAFETY OF DOGS AND PERSONS AT THE TEST. HOWEVER NEITHER THE CROSS COUNTRY TRACKING CLUB NOR ANY INDIVIDUAL WILL ACCEPT THE RESPONSIBILITY FOR LOSS OR INJURY, HOWEVER CAUSED, TO ANY DOG, PERSON OR PROPERTY

It shall be the duty, and obligation of the test-giving club to see that a judge, club volunteer, or any participant at an event held under these rules, is not subject to indignities of any kind.

ACCOMODATIONS:

Below is a list of motels in the area. Exhibitors should check with the individual motels as to whether they allow dogs in the rooms.

Please clean up after your dog(s) in all places.

Exhibitors will be held responsible for any and all damages done by their dog(s).

Quality Suites
1700 Champlain Ave, Whitby On, L1N 6A7 855- 973-7216

Travelodge Oshawa
940 Champlain Ave, Oshawa, On. L1J 7A6 905-436-9500

Durham Hotel &
Conference Centre Oshawa
1011 Bloor Street E, Oshawa, On. L1H 7K6 905-576-5101



**OFFICIAL PREMIUM LIST
88th LICENSED TRACKING TEST
Held under the Canadian Kennel Club Rules
This test is open to mixed breeds and unrecognized breeds.**

**TRACKING DOG and
TRACKING DOG EXCELLENT TEST
Sunday Nov 3rd, 2019 Clarington, Ontario**

**JUDGE: Sandy Briggs
808 Memorial Park Dr. RR 4 Powassan On. P0H 1Z0**

CLOSING DATE: Oct 17th, 2019 at 8:00 PM

The club cannot accept entries delivered after this date and time.

A TD title is a prerequisite for entering a TDX test

LIMIT OF ENTRIES: 8 TD, 2 TDX or the equivalent of 12 TD's

FEES: TD	\$85.00
TDX	\$100.00
CKC Listing Fee	\$10.00

A listing fee must be included on all dogs not registered with the CKC
US Exhibitors: payment MUST be made out for the full entry amount in Canadian Funds. \$U.S. personal cheques marked "Payable in Canadian Funds" or "At Par" will not be accepted. Bank drafts or money orders payable in Canadian funds are probably the best choice.
Please make cheque payable to The Cross Country Tracking Club and send entries in separate envelopes for each entry with the correct fee to:

**CROSS COUNTRY TRACKING CLUB
Dwyn Tomlinson, Test Secratry
42 SANDRIFT SQ. SCARBOROUGH, ON M1E 4N6**

CLUB OFFICERS

President	Marie-P Babin
Vice President	Eileen Fisher
Secretary	Maryke Warwick
Treasurer	Anne Whan

TEST COMMITTEE

Test Superintendent	Dwyn Tomlinson
Test Secretary	Dwyn Tomlinson dwyn@beadfx.com
Treasurer	Anne Whan
Trophy	Eileen Fisher

**VETERINARIAN: Animal Emergency Clinic of Durham Region
1910 Dundas St. E Unit B101Whitby, ON (905) 576-3031
CROSS COUNTRY TRACKING CLUB WILL NOT BE
RESPONSIBLE FOR ANY VETERINARY COSTS.**

ERN:

All dogs that are foreign born and foreign owned that enter Canada for the sole purpose of entering CKC events, will no longer require a CKC registration number but will require an Event Registration Number. The ERN number MUST be applied for within 30 days of the first day of entering a CKC event.

PEN:

Performance Event Number allows an unregistrable dog of a CKC recognized breed to participate in those competitive events that are appropriate for the breed. A dog that is eligible for a PEN may not be entered as a listed dog. Dogs may only enter events after a PEN has been issued to that dog. This restriction shall also apply to dogs with ILP numbers.

CCN:

To compete, mixed-breed and unrecognized-breed dog owners must apply for a Canine Companion Number (CCN) and meet specific criteria as set out in the Canine Companion Club Policy

Effective January 1, 2011 - Non-Member Participation Fee

A non-member participation fee will be charged to a resident of Canada who is a non-member of the CKC. The fee will match the ERN fee. The non-member participation fee is paid in any year a title is earned and covers all titles and dogs owned by that individual. For the title to be awarded, the non-member will have a choice to either become a CKC member or pay the non-member participation fee. Failure to comply within 30 days of notification will result in the title being withheld and the dog cannot be moved up to the next level. The fee applies only to dogs wholly owned by non-member residents of Canada and is not applicable to CKC members.

All entries must be on an official CKC entry form. Owners are responsible for errors in making out entry forms, regardless of who completes the entry form.

Incomplete or improper entry forms will not be accepted. Entries **MUST** be mailed or sent by courier to the postal address of the Test Secretary.

MAIL OR COURIER DELIVERIES MUST NOT REQUIRE A

SIGNATURE FOR DELIVERY Faxed, emailed or hand delivered entries will be rejected. Each entry **MUST** be in a separate MAILING envelope.

Multiple entries in one envelope will be rejected. Only one entry per event for each dog entered will be accepted

ENTRIES will not be accepted unless accompanied by the appropriate fee.

NO POST-DATED CHEQUES WILL BE ACCEPTED.

Club Worker Option: At the entry draw **2** TD tracks will be reserved per CKC Rule 6.62 "Club Worker" is defined by CCTC Policy.

CONFIRMATION OF ENTRY:

Entrants will be notified by phone or email that their entry has been received. Entry fees will be returned within 10 days of the day of the test to Alternates who did not participate in the test. **Draw for entry:** A random draw of all entries received by the closing date and time will take place to determine placement in the test or onto an alternate list. The draw will be held at 10:00 AM on Friday, Oct 18, 2019 at 42 Sandrift Sq Scarborough, On M1E 4N6

Day of test, meeting place and draw: The draw for the tracks will take place at Wiggans' Landscaping, 3646 Solina Rd Bowmanville L1C 3K4. The grounds will be open at **8:00 a.m.** and the draw will be at **8:30 a.m.** The test will start **9:00 a.m.** At the time of the draw, any entry from the alternate list may fill any absentee spaces.

Only written withdrawals received before Oct 17th, 2019 will be accepted.

BITCHES IN SEASON: Bitches in season will be permitted to compete but will be assigned the last track.

All dogs must be kept on leash and under control at all times.

PRIZES: A Rosette will be awarded to every successful participant.



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM
Cross Country Tracking Club

SHOW Tracking Dog and Tracking Dog Excellent Test

DATE Sunday Nov 3rd 2019

TOTAL FEES: \$ _____ ENTRY FEES: \$ _____ LISTING FEES: (\$10.00) \$ _____
 MAKE CHEQUES PAYABLE TO CROSS COUNTRY TRACKING CLUB AND MAIL ENTRIES TO:
DWYN TOMLINSON, 42 SANDRIFT SQ, SCARBOROUGH ON. M1E 4N6
 ENTRIES CLOSE OCT 17th, 2019 @ 8:00 P.M.

BREED	VARIETY	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
CLASS: <input type="checkbox"/> TD \$85.00 <input type="checkbox"/> TDX \$100.00 <input type="checkbox"/> WORKER DRAW		
REG. NAME & TITLES		
<input type="checkbox"/> CKC REG NO. <input type="checkbox"/> CKC ERN NO. <input type="checkbox"/> CKC Misc. Cert No. <input type="checkbox"/> CKC CCN NO. <input type="checkbox"/> CKC PEN NO. <input type="checkbox"/> LISTED	DATE OF Birth (Month/Day/Year)	Is This a Puppy? <input type="checkbox"/> Yes <input type="checkbox"/> No
Check one and enter number here:		PLACE OF BIRTH <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE
BREEDER		
SIRE		
DAM		

ACTUAL OWNERS _____ **CKC Member #** _____

OWNERS ADDRESS _____

CITY _____ PROV _____ Postal Code _____

NAME OF OWNERS AGENT (if any) AT THE SHOW _____

AGENT'S ADDRESS _____

CITY _____ PROV _____ Postal Code _____

I CERTIFY that I am the registered owner(s) of the dog, or that I am the duly authorized agent of 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 abide by the rules and regulations of the Canadian Kennel Club and by any additional rules and regulations appearing in the premium list.

SIGNATURE of owner or agent _____

TELEPHONE _____ MAIL I.D. TO: OWNER AGENT

E-MAIL ADDRESS _____



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<input type="checkbox"/> CKC REG NO. <input type="checkbox"/> CKC ERN NO. <input type="checkbox"/> CKC Misc. Cert No. <input type="checkbox"/> CKC CCN NO. <input type="checkbox"/> CKC PEN NO. <input type="checkbox"/> LISTED	DATE OF Birth (Month/Day/Year)	Is This a Puppy? <input type="checkbox"/> Yes <input type="checkbox"/> No
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BREEDER		
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