



**Official Canadian Kennel Club Entry Form**  
**SCENTRAL ONTARIO TRACKERS**  
 UTD & UTDX URBAN TRACKING TEST  
**SUNDAY MAY 25, 2014**

Entry Fee \_\_\_\_\_ Listing Fee (\$8.40) \_\_\_\_\_ TOTAL \_\_\_\_\_

MAIL ENTRIES TO: Laura Wright, Test Secretary  
 7699 Maltby Road East, RR#1 Puslinch, ON N0B 2J0

Entries received prior to April 16, 2014 will be returned.

Entries close May 14, 2014 or automatically when the limit has been reached.

BREED: \_\_\_\_\_ VARIETY: \_\_\_\_\_ SEX: \_\_\_ Male \_\_\_ Female  
 CLASS: \_\_\_ UTD (\$75) \_\_\_ UTDX (\$90)

REG. NAME OF DOG: \_\_\_\_\_

\_\_\_ CKC REG. NO. CHECK ONE AND ENTER NUMBER HERE: \_\_\_\_\_  
 \_\_\_ CKC ERN NO.  
 \_\_\_ CKC PEN NO.  
 \_\_\_ CKC MISCELLANEOUS NO.  
 \_\_\_ LISTED

DATE OF BIRTH: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Is this a puppy? Yes \_\_\_ No \_\_\_  
 PLACE OF BIRTH: Canada \_\_\_ Elsewhere \_\_\_

BREEDER(S): \_\_\_\_\_

SIRE: \_\_\_\_\_

DAM: \_\_\_\_\_

REG'D OWNER(S): \_\_\_\_\_ CKC Member # \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

NAME OF OWNER'S AGENT: \_\_\_\_\_

AGENT'S ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

MAIL ID TO: \_\_\_ OWNER \_\_\_ AGENT

I CERTIFY that I am the registered owner(s) of the dog or that I am authorized agent of the owner(s) whose names 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.

\_\_\_\_\_  
 SIGNATURE OF OWNER OR AGENT TELEPHONE NO.

EMAIL ADDRESS: \_\_\_\_\_



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SIRE: \_\_\_\_\_

DAM: \_\_\_\_\_

REG'D OWNER(S): \_\_\_\_\_ CKC Member # \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

NAME OF OWNER'S AGENT: \_\_\_\_\_

AGENT'S ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

MAIL ID TO: \_\_\_ OWNER \_\_\_ AGENT

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