



Official Canadian Kennel Club Entry Form
SCENTRAL ONTARIO TRACKERS
 TD & TDX TRACKING TEST
SUNDAY, NOVEMBER 11TH, 2012

Entry Fee _____ Listing Fee (\$8.56) _____ TOTAL _____

MAIL ENTRIES TO: Paula Johnson, Test Secretary 970 Sawmill Road, Ancaster ON L9G 3L1
 Entries received prior to October 2nd, 2012 will be returned.
 Entries close October 30th, 2012 or automatically when the limit has been reached.

BREED: _____ VARIETY: _____ SEX: ___ Male ___ Female
 CLASS: ___ TD (\$75) ___ TDX (\$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): _____

OWNER'S ADDRESS: _____

CITY: _____ PROVINCE POSTAL: _____ CODE: _____

NAME OF OWNER'S AGENT: _____

AGENT'S ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

MAIL ID TO: ___ OWNER ___ AGENT

E-mail address: _____

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.



Official Canadian Kennel Club Entry Form
SCENTRAL ONTARIO TRACKERS
 TD & TDX TRACKING TEST
SUNDAY, NOVEMBER 11TH, 2012

Entry Fee _____ Listing Fee (\$8.56) _____ TOTAL _____

MAIL ENTRIES TO: Paula Johnson, Test Secretary 970 Sawmill Road, Ancaster ON L9G 3L1
 Entries received prior to October 2nd, 2012 will be returned.
 Entries close October 30th, 2012 or automatically when the limit has been reached.

BREED: _____ VARIETY: _____ SEX: ___ Male ___ Female
 CLASS: ___ TD (\$75) ___ TDX (\$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): _____

OWNER'S ADDRESS: _____

CITY: _____ PROVINCE POSTAL: _____ CODE: _____

NAME OF OWNER'S AGENT: _____

AGENT'S ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

MAIL ID TO: ___ OWNER ___ AGENT

E-mail address: _____

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.