

#### OFFICIAL PREMIUM LIST

### TRACKING TEST

Sunday, October 9<sup>th</sup>, 2016 Thorndale, Ontario

Held under the rules of the Canadian Kennel Club

## <u>JUDGE</u> Ms. Marie-P Babin Woodville, ON

Tracking Test SuperintendentTracking Test SecretaryJean DeteringSharon Smith24 Classic Cres.20170 Fairview Rd., RR2London, OntarioThorndale, Ontario N0M 2P0N5W 5T8(519) 461-1909 e-mail:<tersha@sympatico.ca>

Entries Limited To: 8 Tracking Dogs - 2 Tracking Dog Excellent

Address Entries To: Tracking Test Secretary

Acceptance Date: Aug. 24th, 2016 (Entries received before this date will be returned)

Entries Close: Midnight, Thursday, Sept. 29<sup>th</sup>, 2016 or when stated limit has been reached. Any entries over the stated limit will be held on an alternate list in case of cancellations. Entries will be accepted in the order that they reach the secretary. Only mailed/courier (no "signatures required" please) entries will be accepted. *Each entry must be in a separate envelope (including courier envelopes - multiple entries in an envelope will be returned*) Only written withdrawals received before Sept. 29<sup>th</sup>, 2016 will be accepted.

Entry Fee: TD.....\$75

Listing Fee...........\$8.56 (A listing fee is payable if a CKC or ERN number is not shown on the entry form)

<u>U.S. Exhibitors</u> - Cheques must be made out for the full entry amount. Cheques made "Payable in Canadian Funds" will not be accepted.

Cheques payable to "The German Shepherd Dog Club of London"

<u>Prize List:</u> An official CKC ribbon will be awarded to each dog passing the test.

#### **GENERAL INFORMATION**

- 1. Entries will not be accepted unless accompanied by the appropriate fee. A fee of \$15.00 will be charged on NSF cheques. No post dated cheques will be accepted.
- 2. Exhibitors must abide by errors made in entering their dogs.
- 3. All dogs must be kept on a leash and under control at all times.
- 4. Dogs not officially entered in the Test will not be permitted on the grounds.
- 5. Bitches in season will be allowed to compete but will be assigned the last track.
- 6. Exhibitors should note that the CKC does not confer a title on a dog until it is registered individually in the club's records. An annual non-member participation fee for awards and titles will be charged to a Canadian non-member of The Canadian Kennel Club. The fee will match the Event Registration Number (ERN) fee.
- 7. The grounds will be open at 8:00 a.m. DST. Drawing for the tracks will commence at 8:30 a.m. DST. Judging will commence at 9:00 a.m. DST.
- 8. Coffee and donuts will be served when the grounds open and lunch will be served when the awards are handed out at the completion of the test.
- 9. A map to the test grounds will be mailed with a confirmation of entry to the test.
- 10. The Canadian Kennel Club:

The Canadian Kennel Club 200 Ronson Dr., Suite 400 Etobicoke, ON M9W 5Z9 Exec. Director - Lance Novak 416-675-5511 ed@ckc.ca CKC Area Rep. Mr. Paul Oslach 75 Davis Dr. Guelph, ON N1E 3G0 519-822-2177 poslach@outlook.com CKC Tracking Rep Ms. Laura McKay 15 Sagewood Pl. Guelph, ON N1G 3M8 519-822-2460 lauramckay@sympatic.ca

The German Shepherd Dog Club of London will use all reasonable care to guarantee the safety of dogs and persons at the test. Neither the Club nor any individual accepts any responsibility whatsoever for the safety of any dog or person. It shall be the duty and obligation of the test-giving club to see that a judge, official, volunteer or any participant at an event held under these rules, is not subject to indignities of any kind.

| Tracking Committee | Club Officers             |
|--------------------|---------------------------|
| Sharon Smith       | Pres Sharon Smith         |
| Jean Detering      | V.P Sharon Rattle         |
| Doug Rattle        | Sec Kay Calvin            |
| · ·                | Treasurer - Jean Detering |



#### Official Canadian Kennel Club Entry Form THE GERMAN SHEPHERD DOG CLUB OF LONDON

# Tracking Test

|    | <br>a    | C | N | ш             | y  | • | е   | 5 | ι      |   |   |
|----|----------|---|---|---------------|----|---|-----|---|--------|---|---|
| ٦. | <br>۔ ا۔ |   |   | $\overline{}$ | _4 | _ | ۱th |   | $\sim$ | 4 | , |

| Sunday, Oct. 9 <sup>th</sup> , 2016                                                                                                                                                                                                                                                                                                                                                                                        |                                             |            |                       |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------|-----------------------|--|--|--|
| Entry FeeListing Fee (\$8.56)                                                                                                                                                                                                                                                                                                                                                                                              |                                             |            |                       |  |  |  |
| TOTAL:                                                                                                                                                                                                                                                                                                                                                                                                                     |                                             |            |                       |  |  |  |
| MAIL ENTRIES TO: Sharon Smith, 2                                                                                                                                                                                                                                                                                                                                                                                           | 20170 Fairview Rd, RR                       | 2, Thornda | ale, ON N0M 2P0       |  |  |  |
| BREED:                                                                                                                                                                                                                                                                                                                                                                                                                     |                                             | SEX:       |                       |  |  |  |
| Class: TD (\$75)                                                                                                                                                                                                                                                                                                                                                                                                           | Class: TD (\$75) TDX (\$90)                 |            |                       |  |  |  |
| REG. NAME OF DOG                                                                                                                                                                                                                                                                                                                                                                                                           |                                             |            |                       |  |  |  |
| CHECK ONE - AND ENTER NUMBER HERE  CKC REG. NO. CKC ERN NO. CKC PEN NO. LISTED                                                                                                                                                                                                                                                                                                                                             | DATE OF BIRTH  MonthDay  PLACE OF BIRTH: Ca |            | Is this a puppy?  Yes |  |  |  |
| BREEDER(S)                                                                                                                                                                                                                                                                                                                                                                                                                 |                                             |            |                       |  |  |  |
| SIRE                                                                                                                                                                                                                                                                                                                                                                                                                       |                                             |            |                       |  |  |  |
| DAM                                                                                                                                                                                                                                                                                                                                                                                                                        |                                             |            |                       |  |  |  |
| REG'D OWNER(S)                                                                                                                                                                                                                                                                                                                                                                                                             |                                             |            |                       |  |  |  |
| OWNER'S ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                            |                                             |            |                       |  |  |  |
| CITY                                                                                                                                                                                                                                                                                                                                                                                                                       | PROVINCE                                    | POSTAL CO  | DDE                   |  |  |  |
| NAME OF OWNER'S AGENT                                                                                                                                                                                                                                                                                                                                                                                                      |                                             |            |                       |  |  |  |
| AGENT'S ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                            |                                             |            |                       |  |  |  |
| CITY                                                                                                                                                                                                                                                                                                                                                                                                                       | PROVINCE                                    | POSTAL C   | ODE                   |  |  |  |
| MAIL ID TO:   OWNER                                                                                                                                                                                                                                                                                                                                                                                                        | ☐ AGENT                                     |            |                       |  |  |  |
| email 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 OWNE                                                                                                                                                                                                                                                                                                                                                                                                          | IN OR AGENT                                 |            | I ELEPHONE INU.       |  |  |  |



#### Official Canadian Kennel Club Entry Form THE GERMAN SHEPHERD DOG CLUB OF LONDON

|                                                                                                                                                                                                                                                                                                                                                                                                                            | Tracking Test                       |            |                 |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------|-----------------|--|--|--|--|
| CORPORA 1805 FOUR                                                                                                                                                                                                                                                                                                                                                                                                          | Sunday, Oct. 9 <sup>th</sup> , 2016 |            |                 |  |  |  |  |
| Entry FeeListing Fee (\$8.56)                                                                                                                                                                                                                                                                                                                                                                                              |                                     |            |                 |  |  |  |  |
| TOTAL:                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |            |                 |  |  |  |  |
| MAIL ENTRIES TO: Sharon Smith, 2                                                                                                                                                                                                                                                                                                                                                                                           | 20170 Fairview Rd, RF               | R2, Thornd | ale, ON N0M 2P0 |  |  |  |  |
| BREED:                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     | SEX:       |                 |  |  |  |  |
| Class: TD (\$75)                                                                                                                                                                                                                                                                                                                                                                                                           | TDX (\$90)                          |            |                 |  |  |  |  |
| REG. NAME OF DOG                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |            |                 |  |  |  |  |
| CHECK ONE - AND ENTER NUMBER HERE                                                                                                                                                                                                                                                                                                                                                                                          | DATE OF BIRTH Is this a puppy?      |            |                 |  |  |  |  |
| ☐ CKC REG. NO. ☐ CKC ERN NO.                                                                                                                                                                                                                                                                                                                                                                                               | MonthDay                            | Year       | Yes □ No □      |  |  |  |  |
| ☐ CKC PEN NO. ☐ LISTED                                                                                                                                                                                                                                                                                                                                                                                                     | PLACE OF BIRTH: Canada   Elsewhere  |            |                 |  |  |  |  |
| BREEDER(S)                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |            |                 |  |  |  |  |
| SIRE                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |            |                 |  |  |  |  |
| DAM                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |            |                 |  |  |  |  |
| REG'D OWNER(S)                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |            |                 |  |  |  |  |
| OWNER'S ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |            |                 |  |  |  |  |
| CITY                                                                                                                                                                                                                                                                                                                                                                                                                       | PROVINCE                            | POSTAL CO  | DDE             |  |  |  |  |
| NAME OF OWNER'S AGENT                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |            |                 |  |  |  |  |
| AGENT'S ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |            |                 |  |  |  |  |
| CITY                                                                                                                                                                                                                                                                                                                                                                                                                       | PROVINCE                            | POSTAL C   | ODE             |  |  |  |  |
| MAIL ID TO:   OWNER                                                                                                                                                                                                                                                                                                                                                                                                        | ☐ AGENT                             |            |                 |  |  |  |  |
| email 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                                                                                                                                                                                                                                                                                                                                                                                                | TELEPHON                            | IE N0.     |                 |  |  |  |  |