

CKC DIRECTOR FOR CENTRAL ONTARIO

Brian Taylor
2105 Agincourt Crescent
Burlington, ON L7P 1P3
Phone: (905) 319-0470
Ontario West
Doug Windsor
RR#32
Cambridge, ON N3H 4R7
Phone: (519) 653-8978

THE CANADIAN KENNEL CLUB
200 RONSON DRIVE, SUITE 400
ETOBICOKE, ONTARIO, M9W 5Z9
Phone: (416) 675-5511
JOE MAURO, CEO

CKC TRACKING REP
Ms. Jane Book
2936 Mountain Road,
Smithville ON L0R 2A0
Tel: (905) 563-4413
Bus: (905) 563-7191

THE GOLDEN RETRIEVER CLUB OF CANADA WILL USE ALL REASONABLE CARE TO GUARANTEE THE SAFETY OF DOGS AND PERSONS AT THE TEST. HOWEVER NEITHER THE GOLDEN RETRIEVER CLUB OF CANADA 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:

The Festival Inn, Stratford, Ontario
1144 Ontario Street
Stratford, Ontario, Canada, N5A 6Z3
Phone: (519) 273-1150
Fax: (519) 273-2111
Toll Free: 1-800-463-3581

OFFICIAL PREMIUM LIST



LICENSED TRACKING TEST
Held under the Canadian Kennel Club Rules

TRACKING DOG & TRACKING DOG EXCELLENT TEST

Wednesday July 14, 2010
STRATFORD, ONTARIO

JUDGE: Marie-P Babin 163 Delaney Dr. Ajax, On L1T 2B9

ENTRIES NOT TAKEN BEFORE: May 28th 2010
Entries received before this date and time will be returned

CLOSING DATE: June 23 AT 8:00 PM
Or automatically when limit has been reached
The club cannot accept entries delivered after this date and time.

LIMIT OF ENTRIES: Limited due to field availability

FEES:	TD Test:	\$75.00
	TDX Test:	\$90.00
CKC Listing Fee		\$ 8.20

A listing fee must be included on all dogs not registered with the Canadian Kennel Club.

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 Golden Retriever Club of Canada and send entries in separate envelopes for each entry with the correct fee to:

GOLDEN RETRIEVER CLUB OF CANADA
EILEEN FISHER
53 WALKERTON DR. MARKHAM, ON L3P 1H9

CLUB OFFICERS

Interim President	Darwin Boles
1 st Vice President	Vacant
2 nd Vice President	Marg Bethune
Treasurer	Jane Christy
Secretary	Christine Kobler
Director Ontario	Kim Sheehan

TEST COMMITTEE

Test Superintendent	Sandy Brodie
Test Secretary	Eileen Fisher eileenfi@sympatico.ca
Treasurer	Bruce Russell
Trophy	Sandy Brodie

VETERINARIAN:

Dr Glenn Armstrong

Coventry Animal Hospital

Phone: (519) 273-3471

Address: 535 Huron St., Stratford, ON, N5A 5T8

GOLDEN RETRIEVER CLUB OF CANADA 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.

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.

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.

Entries will close automatically when the limit has been reached, even if the official closing date for entries has not arrived.

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

NO POST DATED CHEQUES WILL BE ACCEPTED.

CONFIRMATION OF ENTRY:

All entries will be acknowledged with confirmation of entry (or position on the alternate list).

The draw will take place at the Festival Inn. The draw will be at 7:30 am and the first track will run at 8:00 am

Entries will be accepted in the order that they reach the secretary.

Only written withdrawals received before 8:00pm June 23, 2010 will be accepted.

ALTERNATE LIST:

When the advised limit has been reached all remaining entries shall be assigned a position on an "Alternate List" in the order received. At the time of the draw, any entries from the alternate list may fill any absentee spaces. The person making the entry shall be notified of their position on the Alternate list. Entries will be refunded within ten days of the tracking test to those on the alternate list who did not participate in the test

Proudly Sponsored By





OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM
Golden Retriever Club of Canada

SHOW Tracking Dog Test

DATE Wednesday July 14, 2010

TOTAL FEES: \$ _____ ENTRY FEES: \$ _____ LISTING FEES: (\$8.56) \$ _____
 MAKE CHEQUES PAYABLE TO GOLDEN RETRIEVER CLUB OF CANADA AND MAIL ENTRIES
 TO: EILEEN FISHER, 53 WALKERTON DRIVE, MARKHAM ON, L3P 1H9
 (ENTRIES RECEIVED PRIOR TO MAY 28, 2010 WILL BE RETURNED)
 (ENTRIES CLOSE JUNE 30 at 8:00 P.M. OR AUTOMATICALLY WHEN LIMIT HAS BEEN
 REACHED)

BREED	VARIETY	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
CLASS: TD \$75.00 TDX \$90.00		
REG.NAME OF DOG		
<input type="checkbox"/> CKC REG NO. <input type="checkbox"/> CKC ERN NO. <input type="checkbox"/> CKC Misc. Cert No. <input type="checkbox"/> LISTED	Check one and enter number here:	DATE OF Birth (Month/Day/Year) Is This a Puppy? <input type="checkbox"/> Yes <input type="checkbox"/> No
BREEDER		
SIRE		
DAM		

ACTUAL OWNERS _____

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 _____



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM
Golden Retriever Club of Canada

SHOW Tracking Dog Excellent Test

DATE Wednesday July 14, 2010

TOTAL FEES: \$ _____ ENTRY FEES: \$ _____ LISTING FEES: (\$8.56) \$ _____
 MAKE CHEQUES PAYABLE TO GOLDEN RETRIEVER CLUB OF CANADA AND MAIL ENTRIES
 TO: EILEEN FISHER, 53 WALKERTON DRIVE, MARKHAM ON, L3P 1H9
 (ENTRIES RECEIVED PRIOR TO MAY 28, 2010 WILL BE RETURNED)
 (ENTRIES CLOSE JUNE 30 at 8:00 P.M. OR AUTOMATICALLY WHEN LIMIT HAS BEEN
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BREED	VARIETY	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
CLASS: TD \$75.00 TDX \$90.00		
REG.NAME OF DOG		
<input type="checkbox"/> CKC REG NO. <input type="checkbox"/> CKC ERN NO. <input type="checkbox"/> CKC Misc. Cert No. <input type="checkbox"/> LISTED	Check one and enter number here:	DATE OF Birth (Month/Day/Year) Is This a Puppy? <input type="checkbox"/> Yes <input type="checkbox"/> No
BREEDER		
SIRE		
DAM		

ACTUAL OWNERS _____

OWNERS ADDRESS _____

CITY _____ PROV _____ Postal Code _____

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

AGENT'S ADDRESS _____

CITY _____ PROV _____ Postal Code _____

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SIGNATURE of owner or agent _____

TELEPHONE _____ MAIL I.D. TO: OWNER AGENT

E-MAIL ADDRESS _____