

**CKC DIRECTOR FOR ONTARIO WEST  
PAUL OSLACH  
75 DAVIS STREET  
GUELPH, ONTARIO N1E 0G3  
Phone: (519) 822-2117**

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

**CKC TRACKING REP  
LAURA McKAY  
15 SAGEWOOD PLACE  
GUELPH, ONTARIO N1G 3M8  
Phone: (519) 822-2460**

**SCENTRAL ONTARIO TRACKERS WILL USE ALL REASONABLE CARE TO GUARANTEE THE SAFETY OF DOGS AND PERSONS AT THE TEST. HOWEVER NEITHER SCENTRAL ONTARIO TRACKERS 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 are motels in the area. Exhibitors should check with the individual motels as to whether they allow dogs in the rooms.

COMFORT INN 480 Silvercreek Parkway, Guelph, ON N1H 7R5 (519) 763-1900  
DAYS INN 785 Gordon Street, Guelph, ON N1G 1Y8 (519) 822-9112

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).



**OFFICIAL PREMIUM LIST  
8<sup>th</sup> LICENSED TRACKING TEST  
HELD UNDER CANADIAN KENNEL CLUB RULES**

**TD & TDX TRACKING TEST**

SUNDAY NOVEMBER 8, 2015  
GUELPH, ONTARIO

**JUDGE: Marie-P. Babin**  
1027 Black School Road, Woodville, ON K0M 2T0

**Entries will not be accepted before: October 1, 2015**

Entries received before this date and time will be returned.

**CLOSING DATE: October 28, 2015 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: 6 TD, 3 TDX**

**FEES: TD \$75.00 TDX \$90.00**

**CKC Listing Fee \$ 9.60**

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: **SCENTRAL ONTARIO TRACKERS**  
Send entries in separate envelopes for each entry with the correct fee to:

**LAURA WRIGHT**

7699 Maltby Road East, RR#1 Puslinch, ON, N0B 2J0 lewright@uoguelph.ca 519-836-6157

## **CLUB OFFICERS**

President	Renee Koch
Vice President	Jim Robinson
Secretary	Laura Wright
Treasurer	Joan Robinson

## **TEST COMMITTEE**

Test Superintendent	Renee Koch
Test Secretary	Laura Wright
Treasurer	Joan Robinson
Trophy	Renee Koch

**VETERINARIAN:** Campus Estates Animal Hospital, 1460 Gordon St. S., Guelph 519-837-1212 or 519-837-1214 for after-hours emergencies

## **SCENTRAL ONTARIO TRACKERS 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.

### **Effective January 1, 2011 - Non-Member Participation Fee:**

**“These fees apply only to dogs wholly owned by non-CKC members and are not applicable to CKC members.”** An annual non-member participation fee for awards and titles will be charged to a Canadian non-member of CKC. The fee will match the ERN fee.

In order to protect the awards/titles earned, the non-member will have a choice either to become a CKC member or to pay the non-member participation fee of \$59.40 for each dog. Failure to comply within 30 days of notification will cause all awards and titles to be cancelled.

**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.**

Entries will be accepted in the order that they reach the secretary. Only written withdrawals received before October 28<sup>th</sup>, 2015 will be accepted.

### **CONFIRMATION OF ENTRY:**

The test secretary will notify the entrant on the day the entry is received. Confirmation of position of the exhibitor in the test, or on the alternate list, will be provided by the closing date.

### **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.

THE DRAW WILL BE AT 8:00 AM,  
AT TIM HORTONS, 490 WOODLAWN ROAD EAST, GUELPH, ON.  
THE TEST WILL START AT 8:30 AM.

<http://scentralontariotrackers.homestead.com/>



**Official Canadian Kennel Club Entry Form**  
**SCENTRAL ONTARIO TRACKERS**  
 TD & TDX TRACKING TEST  
**SUNDAY NOV 8, 2015**

Entry Fee \_\_\_\_\_ Listing Fee (\$9.60) \_\_\_\_\_ TOTAL \_\_\_\_\_

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

Entries received prior to October 1, 2015 will be returned.

Entries close October 28, 2015 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): \_\_\_\_\_ 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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**SCENTRAL ONTARIO TRACKERS**  
 TD & TDX TRACKING TEST  
**SUNDAY NOV 8, 2015**

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\_\_\_ 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: \_\_\_\_\_