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Name of Owr	er's Age	nt (if an	y) at	the	Field	Test													
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City			Prov	<b>'</b> •			Postal Code												
I certify that I	am the r	egistered	 I own	er(s)	of th	e dog	or that I am th	e authoriz	zed	agent	of	the	own	er(s)	wł	1056	e na	me(	s) I
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Signature of	Owner o	r Aaent					Telephone			F	ma	il**	:						
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\*\* Please ensure you provide an email address where you would like the running order(s) sent