

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

**CKC DIRECTOR FOR EASTERN ONTARIO  
BOB ROWBOTHAM  
505 AIRPORT RD. RR 4  
STIRLING ONTARIO K0K 3E0  
(613) 395-4828**

**CKC TRACKING REP  
CONNIE GAVIN  
8210 Hwy 62 RR#1  
FOXBORO, ONTARIO K0K 2B0  
Phone: 613-969-0328**

THE CROSS COUNTRY TRACKING CLUB WILL USE ALL REASONABLE CARE TO GUARANTEE THE SAFETY OF DOGS AND PERSONS AT THE TEST. HOWEVER NEITHER THE CROSS COUNTRY TRACKING CLUB 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 is a list of motels in the area. Exhibitors should check with the individual motels as to whether they allow dogs in the rooms.

**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).

Motel 6	165 Consumers Drive	905-665-8883
Comfort Inn	605 Bloor St. West	905-434-5000
Holiday Inn. Oshawa.	1011 Bloor Street	905-576-5101
Travelodge Oshawa	940 Champlain Ave	905-436-9500



**OFFICIAL PREMIUM LIST**

**71<sup>st</sup> LICENSED TRACKING TEST**  
Held under the Canadian Kennel Club Rules

**Tracking Dog & Tracking Dog Excellent Test**  
**SUNDAY Oct 2<sup>nd</sup> 2016 CLARINGTON, ONTARIO**

**JUDGE: Sandy Briggs**  
**808 Memorial Park Dr. RR 4 Powassan On. P0H 1Z0**

**Entries will not be accepted before: Aug 18<sup>th</sup> 2016**  
Entries received before this date and time will be returned

**CLOSING DATE: Sept 16<sup>th</sup> 2016 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**

<b>FEES:</b>	<b>TD</b>	<b>\$75.00</b>
	<b>TDX</b>	<b>\$90.00</b>
	<b>CKC Listing Fee</b>	<b>\$ 8.40</b>

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 Cross Country Tracking Club and send entries in separate envelopes for each entry with the correct fee to:**

**CROSS COUNTRY TRACKING CLUB  
DWYN TOMLINSON, TEST SECRETARY  
42 SANDRIFT SQ, SCARBOROUGH ON. M1E 4N6**

**CLUB OFFICERS:**

President	Marie-P Babin
Vice President	Eileen Fisher
Secretary	Maryke Warwick
Treasurer	Anne Whan

**TEST COMMITTEE:**

Test Superintendent	Dwyn Tomlinson
Test Secretary	Dwyn Tomlinson dwyn@beadfx.com
Treasurer	Anne Whan
Trophy	Eileen Fisher

**VETERINARIAN: Animal Emergency Clinic of Durham Region  
1912 Dundas St. E Whitby, ON (905) 576-3031  
CROSS COUNTRY TRACKING CLUB 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**

A non-member participation fee will be charged to a resident of Canada who is a non-member of the CKC. The fee will match the ERN fee. The non-member participation fee is paid in any year a title is earned and covers all titles and dogs owned by that individual. In order for the title to be awarded, the non-member will have a choice to either become a CKC member or pay the non-member participation fee. Failure to comply within 30 days of notification will result in the title being withheld and the dog cannot be moved up to the next level. The fee applies only to dogs wholly owned by non-member residents of Canada and is not applicable to CKC members.

**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 WIGGAN'S LANDSCAPING. THE GROUNDS WILL BE OPENING AT 8:00 AM AND THE DRAW WILL BE AT 8:30 AM. THE TEST WILL START 9:00 AM.**

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

Only written withdrawals received before **Sept 16<sup>th</sup> 2016** 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.



**OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM**  
**Cross Country Tracking Club**

SHOW Tracking Dog & Tracking Dog Excellent Test

DATE Sunday Oct 2<sup>nd</sup> 2016

TOTAL FEES: \$ \_\_\_\_\_ ENTRY FEES: \$ \_\_\_\_\_ LISTING FEES: (\$8.40) \$ \_\_\_\_\_

MAKE CHEQUES PAYABLE TO CROSS COUNTRY TRACKING CLUB AND MAIL ENTRIES TO:  
**DWYN TOMLINSON, 42 SANDRIFT SQ, SCARBOROUGH ON. M1E 4N6**

(ENTRIES RECEIVED PRIOR TO Aug 18<sup>th</sup> 2016 WILL BE RETURNED)

(ENTRIES CLOSE Sept 16<sup>th</sup> 2016 @ 8:00 P.M. OR AUTOMATICALLY WHEN LIMIT HAS BEEN REACHED)

BREED	VARIETY	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	
CLASS: <b>TD \$75</b> <b>TDX \$90.00</b>			
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		PLACE OF BIRTH <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE	
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**  
**Cross Country Tracking Club**

SHOW Tracking Dog Test & Tracking Dog Excellent Test

DATE Sunday Oct 2<sup>nd</sup> 2016

TOTAL FEES: \$ \_\_\_\_\_ ENTRY FEES: \$ \_\_\_\_\_ LISTING FEES: (\$8.40) \$ \_\_\_\_\_

MAKE CHEQUES PAYABLE TO CROSS COUNTRY TRACKING CLUB AND MAIL ENTRIES TO:  
**DWYN TOMLINSON, 42 SANDRIFT SQ, SCARBOROUGH ON. M1E 4N6**

(ENTRIES RECEIVED PRIOR TO Aug 18<sup>th</sup> 2016 WILL BE RETURNED)

(ENTRIES CLOSE Sept 16<sup>th</sup> 2016 @ 8:00 P.M. OR AUTOMATICALLY WHEN LIMIT HAS BEEN REACHED)

BREED	VARIETY	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	
CLASS: <b>TD \$75</b> <b>TDX \$90.00</b>			
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		PLACE OF BIRTH <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE	
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 \_\_\_\_\_