ARO				
		Trial Entry (Sample)		
		Complete one form per dog/handler team entered and send it to Trial Chairperson		
		(Trial Chairperson Address)		
		Include a cheque	or money order for \$	SXXX made out to YYYY
		Deadline for submission is (DATE)		
Trial Date(s)				
Trial Location				
Organization				
Class entered	 Novice A Novice B Advanced B Advanced C Excellent O Excellent C Versatility O Versatility C Novice Team O Advanced Team Excellent Team O Versatility Team 			
Dog's Name:			Dog's Breed:	
Dog's CARO Reg. m:			Dog's Height (inches) at shoulders:	inches
Dog's Sex:	() Male () Female	Dog's Date of Birth:	//
Owner's Name:				
Address:				
City:			Province / State:	
Postal Code/ZIP:			Phone:	
E-mail address:			Fax #:	
CARO Membership :		(if applicable)		