



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 \$XXX made out to YYYY

Deadline for submission is (DATE)

Trial Date(s)			
Trial Location			
Organization			
Class entered	G Novice A G Novice B G Advanced B G Advanced C G Excellent G Excellent C G Versatility G Versatility C		
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:	_____/_____/_____ Year Mo Day
Owner's Name:			
Address:			
City:		Province / State:	
Postal Code/ZIP:		Phone:	
E-mail address:		Fax #:	
CARO Membership m:	(if applicable)		