



REGISTRATION FORM

Owner: \_\_\_\_\_

*(Name used on titling certificates)*

Mailing Street Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

*(Please print clearly)*

**Dog Info**

Dog's Name: \_\_\_\_\_

*(Name used on titling certificates)*

Dog's Call Name: \_\_\_\_\_

Dog's Breed: \_\_\_\_\_

Dog's Date of Birth: \_\_\_\_\_

Dog's Gender: \_\_\_\_\_

Height at Withers \_\_\_\_\_

Return with a \$15.00 payment to:

Creekside Event Center

500 Avenue B

Latrobe, PA 15650