



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 \$10.00 payment to:

Creekside Event Center

500 Avenue B

Latrobe, PA 15650