

# HIDE 'N SEEK

## REGISTRATION FORM

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

*(name used on titling certificates)*

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

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

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

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

*(please print clearly)*

Have you registered a dog with Hide N' Seek previously? Yes or No (circle one)

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 \$20.00 payment to:

Creekside Event Center

500 Avenue B

Latrobe, PA 15650