

Canadian Scent Hurdle Racing Association

Tournament Entry Form

Tournament No: T2025-_____ Tournament Date(s):_____ Date Submitted:_____

Tournament Location:_____ Team Entry Type (circle): **BLENDED** **UNBLENDED**

Club / Team Name:_____ Team Captain: _____

Email: _____ Phone Number: _____

CKC Reg IF APPLICABLE	Dogs SH Registration Number	Racing No. 1 - 12	Call Name	Breed	Handler	Original Team <i>(Only for Blended Teams)</i>

Please submit payment to the **TOURNAMENT SECRETARY**

Please forward copies of entry to the **TOURNAMENT SECRETARY** along with the Statistician yellowdogcommunications@shaw.ca
 and YOUR Regional Representative: Darla Shelton darla@cvs-controls.com (AB) or Ellen Widdup ellen.widdup@gmail.com (SK)