NAVHDA Test Entry Form

Revised 01/31/2025

SELECT TYPE OF TEST:

CHAPTER:				NATURAL ABILITY			
TEST DATES:				GUN DOG			
Preferred Run Date:				<u>UTILITY</u>			
DOG INFORMATION			NAVHDA REGISTRATION #		REQUIRED		
REGISTERED DOG NAME:			•	CALL NAME:			
BREED OF DOG:				WHELP DATE:			
SEX OF DOG:	MALE	FEMALE	AGE ON TEST	DAY: YEARS:	MON	THS:	
HIP DYSPLASIA TESTED?	Υe	es (on file)	Yes (copy enclosed)			No	
THE FOLLOWING INFORMATION WILL HELP US CREATE THE RU Is it possible that your female could be in seaso If YES, would you consider running on the final As the test date approaches, please contact the Chapter Test Secre			ason during this nal day of the w	s test? eekend?	YES YES	NO NO into season.	
	<i>,</i> ,	tet the enapter rest se	eretary and dav	ise whether your de	9		
OWNER INFORMATION	7.1	octine Grapter rest se	NAVHDA ME			REQUIRED	
OWNER INFORMATION Full Name:	<i>/</i> 1	ot the chapter reserve	· · · · · · · · · · · · · · · · · · ·	MBER #:			
	71	oct the Ghapter reserve	NAVHDA ME Membership	MBER #:		REQUIRED Life Member	
Full Name:		active disapter research	NAVHDA ME Membership Expiration Da	MBER #:		REQUIRED Life Member	
Full Name: Street:		octive diapter research	NAVHDA ME Membership Expiration Da City, State Zi	MBER #:		REQUIRED Life Member	
Full Name: Street:			NAVHDA ME Membership Expiration Da City, State Zi	MBER#:		REQUIRED Life Member	
Full Name: Street: Cell Phone:			NAVHDA ME Membership Expiration Da City, State Zi	MBER#: p: MBER#		REQUIRED Life Member Paying Life	
Full Name: Street: Cell Phone: HANDLER INFORMATION			NAVHDA ME Membership Expiration Da City, State Zi Email: NAVHDA ME Membership	MBER#: p: MBER#		REQUIRED Life Member Paying Life REQUIRED Life Member	
Full Name: Street: Cell Phone: HANDLER INFORMATION Full Name:			NAVHDA ME Membership Expiration Da City, State Zi Email: NAVHDA ME Membership Expiration Da	MBER#: p: MBER#		REQUIRED Life Member Paying Life REQUIRED Life Member	
Full Name: Street: Cell Phone: HANDLER INFORMATION Full Name: Cell Phone:	N	R UNDER 19 YEARS	NAVHDA ME Membership Expiration Da City, State Zi Email: NAVHDA ME Membership Expiration Da Email:	MBER#: p: MBER#	NO	REQUIRED Life Member Paying Life REQUIRED Life Member	

REGARDING THE TEST ENTRY FEES AS WELL AS THE TEST CANCELLATION FEES

Send the following items to the Chapter Test Secretary:

- 1. This completed Test Entry Form
- 2. Copies of any additional documents
- 3. Test Entry Fee (as posted on Chapter's website)

Test Secretary: Crystal Bakko crystalbakko@gmail.com (262)337-3093

Paypal: @brewcitynavhda

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