



Event Registration

Handler Name: _____

Address: _____

Town/City: _____ Prov/State: _____ Postal/ZIP Code: _____

Email: _____ Phone: _____

Dog's Call Name	Level	Age

*If you would like to bring more than 1 dog please complete separate registration forms for each dog.

Event	Date	Price	Total Paid
Draft Seminar	April 13, 2025	\$50 Member \$70 Non-Member	

TO SEND YOUR REGISTRATION BY EMAIL:

Email completed form to: CONDCworkingchair@gmail.com
Scanned images are acceptable

PAYMENT OPTIONS:

Etransfer or PayPal to CONDCNewfs@gmail.com
Cheques Payable to: Central Ontario Newfoundland Dog Club

TO SEND YOUR REGISTRATION BY MAIL:

Mail form to:
CONDC Working Dog Chair
2300 Wiseman Court, Mississauga, ON L5J 1P2