

Registration Form

CGC, CGCA, CGCU and Trick Dog Evaluation

Owner's name: _____

Address: _____

Phone Number: _____

Email: _____

Dog's Registered Name: _____

Dog's AKC Number: _____

Dog's Call Name: _____

Please indicate which test(s) or evaluation:

CGC _____ CGCA _____ CGCU _____

Trick Dog: Novice _____ Intermediate _____ Advanced _____ Performer _____

Fees: \$20.00 per test and evaluation

Check payable to TTCA.

Mail to: Jane Goodell, 465 Middle Road #91 Farmington, CT 06032