THE CANADIAN KENNEL CLUB 200 RONSON DRIVE, SUITE 400 ETOBICOKE, ONTARIO, M9W 5Z9 PHONE: (416) 675-5511 LANCE NOVAK, Executive Director

CKC DIRECTOR FOR ZONE 6
DR. PAUL ECKFORD
PAUL@TINYBEARPOMS.COM

CKC TRACKING REP. FOR ZONE 6
LAURA McKAY
15 SAGEWOOD PLACE
GUELPH, ONT. N1G 3M8
lauramckay8@sympatico.ca

SCENTRAL ONTARIO TRACKERS WILL USE ALL REASONABLE CARE TO GUARANTEE THE SAFETY OF DOGS AND PERSONS AT THE TEST. HOWEVER NEITHER SCENTRAL ONTARIO TRACKERS NOR ANY INDIVIDUAL WILL ACCEPT THE RESPONSIBILITY FOR LOSS OR INJURY, HOWEVER CAUSED, TO ANY DOG, PERSON OR PROPERTY.

It shall be the duty, and obligation of the test-giving club to see that a judge, club volunteer, or any participant at an event held under these rules, is not subject to indignities of any kind.

#### **ACCOMODATIONS:**

Below are motels in the area. Exhibitors should check with the individual motels as to whether they allow dogs in the rooms.

COMFORT INN 480 Silvercreek Parkway, Guelph, ON (519) 763-1900
HOLIDAY INN 601 Scottsdale Drive, Guelph, ON (519) 836-0231
DAYS INN 785 Gordon Street, Guelph, ON (519) 822-9112

Please clean up after your dog(s) in all places.

Exhibitors will be held responsible for any and all damage done by their dog(s).



#### OFFICIAL PREMIUM LIST

#### 16<sup>th</sup> LICENSED TRACKING TEST

THIS TEST IS HELD UNDER THE RULES OF THE CANADIAN KENNEL CLUB

THIS TEST IS OPEN TO MIXED AND UNRECOGNIZED BREEDS

#### **TD & TDX TRACKING TEST**

#### SUNDAY NOVEMBER 10, 2019 GUELPH, ONTARIO

JUDGE FOR TD TDX: Sandy Briggs

808 Memorial Park Dr. RR #4, Powassan, Ont. POH 1Z0

CLOSING DATE: October 29th AT 8.00 PM

The club cannot accept entries received after this date and time.

## LIMIT OF ENTRIES: 4 TD and 2 TDX OR A COMBINATION OF BOTH DEPENDING ON AVAILABLE FIELD SPACE

FEES: TD \$75.00 TDX \$90.00 CKC Listing Fee (if applicable) \$ 9.60

A listing fee must be included for all dogs not registered with the Canadian Kennel Club. US Exhibitors: payment MUST be made out for the full entry amount in Canadian Funds. \$U.S. personal cheques marked "Payable in Canadian Funds" or "At Par" will not be accepted. Bank drafts or money orders payable in Canadian funds are probably the best choice.

Please make cheque payable to: SCENTRAL ONTARIO TRACKERS

Send entries with the correct fees to: BEVERLEY LEAHEY test secretary

64 KIPLING AVE. GUELPH, ONT. N1H

8C4

CLUB WORKER OPTION: 1 TD TRACK WILL BE RESERVED AT THE ENTRY DRAW. CKC 6.6.2

#### **CLUB OFFICERS**

President Jim Robinson Vice President Sue Trout

Secretary Laura Wright, 7699 Maltby Road E, RR#1 Puslinch, ON NOB 2J0

Treasurer Joan Robinson

**TEST COMMITTEE** 

Test Chair Laura Wright

Test Secretary BEVERLEY LEAHEY 64 KIPLING AVE., GUELPH, ONT. N1H 8C4

bev.leahey@gmail.com 519-836-9914

TREASURER Joan Robinson

**VETERINARIAN:** Campus Estates Animal Hospital, 1460 Gordon St. S., Guelph

519-837-1212 (after-hours emergencies: 519-837-1214)

### SCENTRAL ONTARIO TRACKERS WILL NOT BE RESPONSIBLE FOR ANY VETERINARY COSTS

**ERN:** All dogs that are foreign born and foreign owned that enter Canada for the sole purpose of entering CKC events require an Event Registration Number. The ERN number MUST be applied for within 30 days of the first day of entering a CKC event. **PEN:** A Performance Event Number allows an unregisterable dog of a CKC recognized breed to participate in those competitive events that are appropriate for the breed. A dog that is eligible for a PEN may not be entered as a listed dog. Dogs may only enter events after a PEN has been issued to that dog. This restriction shall also apply to dogs with ILP numbers.

**CCN:** Mixed breeds and non-recognized breeds require a Canine Companion Number, the application for which involves meeting specific criteria as set out by the CKC.

Non-Member Participation Fee: "This fee applies only to dogs wholly owned by non-CKC members and is not applicable to CKC members." An annual non-member participation fee for awards and titles will be charged to a Canadian non-member of CKC. The fee will match the ERN fee. In order to protect the awards/titles earned, the non-member will have a choice either to become a CKC member or to pay the non-member participation fee for each dog. Failure to comply within 30 days of notification will cause all awards and titles to be cancelled.

**BITCHES IN SEASON**: Bitches in season will be permitted to compete but will be assigned the last track.

All dogs must be kept on leash and under control at all times.

#### PRIZES: A Rosette will be awarded to every successful participant

All entries must be on an official CKC entry form. Owners are responsible for errors in making out entry forms, regardless of who completes them.

Incomplete or improper entry forms will not be accepted. Entries must be mailed or sent by courier to the postal address of the Test Secretary. Faxed, emailed or hand delivered entries will be rejected.

### MAIL OR COURIER DELIVERIES MUST NOT REQUIRE A SIGNATURE FOR DELIVERY

Entries will not be accepted unless accompanied by the appropriate fee. **NO POST-DATED CHEQUES WILL BE ACCEPTED.** Withdrawals must be in writing and are subject to the CKC tracking rules.

#### CONFIRMATION OF ENTRY:

The test secretary will confirm receipt of entry on the day the entry is received. Confirmation of position of the exhibitor in the test, or on the alternate list, will be provided within 24 hours of the entry draw.

#### ALTERNATE LIST:

All entries that were not drawn for a place in the test shall be assigned a position on the alternate list in the order drawn in the entry draw. At the time of the draw for tracks on test day, entries from the alternate list may fill any absentee spaces. Entry fees will be refunded within ten days of the tracking test to those on the alternate list who did not participate in the test.

THE ENTRY DRAW WILL TAKE PLACE ON OCTOBER 30<sup>th</sup> @ 7.30pm AT 64 KIPLING AVE. GUELPH, ONT.

## NOVEMBER 10<sup>TH</sup> THE TRACK DRAW AT 8.30 AM AT

TIM HORTONS 490 WOODLAWN RD. EAST, GUELPH, ONT.
THE TEST WILL START AT 9.00AM

Official Canadian Kennel Club Entry Form



# SCENTRAL ONTARIO TRACKERS TDX TRACKING TEST SUNDAY NOVEMBER 10, 2019 ENTRIES CLOSE: OCTOBER 29<sup>TH</sup> 8.00 PM

| Entry Fee Listing Fee (\$9.60) TOTAL   |  |  |  |
|--|--|--|--|
| MAIL ENTRIES: BEVERLEY LEAHEY 64 KIPLING AVE., GUELPH, ONT. N1H 8C4  |  |  |  |
| BREED:   |  |  |  |
| CLASS:TD (\$75)TDX (\$90)  |  |  |  |
| Check here if the dog has already earned the title for the class you are entering  |  |  |  |
| REG. NAME OF DOG:  |  |  |  |
| CKC REG CKC ERN CHECK ONE AND ENTER NUMBER HERE:   |  |  |  |
| CKC PEN CKC MISC.  |  |  |  |
|  |  |  |  |
| DATE OF BIRTH: Month Day Year Call name:   |  |  |  |
| PLACE OF BIRTH: Canada Elsewhere   |  |  |  |
| BREEDER(S):  |  |  |  |
| SIRE:  |  |  |  |
| DAM:   |  |  |  |
| REG'D OWNER(S):CKC Member #  |  |  |  |
| OWNER'S ADDRESS:   |  |  |  |
| CITY: PROVINCE: POSTAL CODE:   |  |  |  |
| NAME OF OWNER'S AGENT:   |  |  |  |
| AGENT'S ADDRESS:   |  |  |  |
| CITY: PROVINCE: POSTAL CODE:   |  |  |  |
| SEND ANY COMMUNICATION TO:OWNERAGENT   |  |  |  |
| I CERTIFY that I am the registered owner(s) of the dog or that I am authorized agent of the owner(s) whose names I have entered above and accept full responsibility for all statements made in this entry. In consideration of the acceptance of this entry, I (we) agree to be bound by the rules and regulations of The Canadian Kennel Club and by any additional rules and regulations appearing in the premium list. |  |  |  |
| SIGNATURE OF OWNER OR AGENT TELEPHONE NO.  |  |  |  |
| EMAIL ADDRESS:   |  |  |  |

# OPPORATE N

# Official Canadian Kennel Club Entry Form SCENTRAL ONTARIO TRACKERS FD & TDX TRACKING TEST SUNDAY NOVEMBER 10, 2019 ENTRIES CLOSE: OCTOBER 29<sup>TH</sup> 8.00 PM

| Entry Fee  | Listing Fee (\$9.60)  | TOTAL   |  |
|--|---|---|--|
| MAIL ENTRIES : BEVERL  | EY LEAHEY 64 KIPLING A  | AVE., GUELPH, ONT. N1H 8C4  |  |
|  | VARIETY:<br>_ TDX (\$90)<br>Iready earned the title for the cla | SEX: Male Femal   |  |
| REG. NAME OF DOG:  |   |   |  |
| CKC REG CKC EI CKC PEN CKC N LISTED CKC CCN                  | RN CHECK ONE AND  | CHECK ONE AND ENTER NUMBER HERE:  |  |
| DATE OF BIRTH: MonthCanada                                   |   | ll name:  |  |
| BREEDER(S):  |   |   |  |
| SIRE:  |   |   |  |
| DAM:   |   |   |  |
| REG'D OWNER(S):  | СКС   | CKC Member #  |  |
| OWNER'S ADDRESS:   |   |   |  |
| CITY:  | PROVINCE:   | POSTAL CODE:  |  |
| NAME OF OWNER'S AGENT:                                       |   |   |  |
| AGENT'S ADDRESS:   |   |   |  |
| CITY:  | PROVINCE:   | POSTAL CODE:  |  |
| SEND ANY COMMUNICATION                                       | N TO:OWNERAGENT   |   |  |
| names I have entered above a consideration of the acceptance | nd accept full responsibility for                               | authorized agent of the owner(s) whose all statements made in this entry. I ound by the rules and regulations of The appearing in the premium list. |  |
| SIGNATURE OF OWNER OR AG                                     | ENT -   | TELEPHONE NO.   |  |
| EMAIL ADDRESS:   |   |   |  |