

REGISTRATION FORM
CGC, CGCA & TDI

Owner's Name: _____

Address: _____

Phone#: _____

Email: _____

Dog's Registered Name: _____

Dog's AKC # _____

Dog's Call Name: _____

FEE: \$20.00 per test. Make checks payable to TTCA

Please indicate which test:

CGC **CGCA** **TDI**

TOTAL ENCLOSED: \$ _____

Mail to: Betsy Richards
36 Nichter Rd.
Lancaster, NY 14086

PRE-REGISTRATIONS DUE BY MAY 10, 2017.