

**CKC DIRECTOR FOR EASTERN ONTARIO  
BOB ROWBOTHAM  
505 AIRPORT RD. RR 4  
STIRLING ONTARIO K0K 3E0  
(613) 395-4828**

**THE CANADIAN KENNEL CLUB  
200 RONSON DRIVE, SUITE 400  
ETOBICOKE, ONTARIO, M9W 5Z9  
Phone: (416) 675-5511  
JOE MAURO, CEO**

**CKC TRACKING REP.  
MARIE-P BABIN  
163 DELANEY DR.  
AJAX, ONTARIO, L1T 2B9**

THE CROSS COUNTRY TRACKING CLUB WILL USE ALL REASONABLE CARE TO GUARANTEE THE SAFETY OF DOGS AND PERSONS AT THE TEST. HOWEVER NEITHER THE CROSS COUNTRY TRACKING CLUB 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.

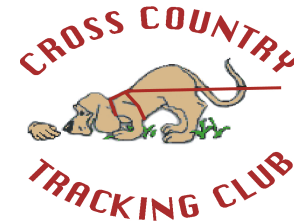
**ACCOMODATIONS:**

Below is a list of motels in the area. Exhibitors should check with the individual motels as to whether they allow dogs in the rooms.

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

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

Holiday Inn. Oshawa.	1011 Bloor Street	905-576-5101
Travelodge Oshawa	940 Champlain Ave	905-436-9500
Comfort Inn	605 Bloor St. West	905-434-5000
Motel 6	165 Consumers Drive	905-665-8883



**OFFICIAL PREMIUM LIST**

**39<sup>th</sup> LICENSED TRACKING TEST**  
Held under the Canadian Kennel Club Rules

**URBAN TRACKING DOG and**  
**URBAN TRACKING DOG EXCELLENT TEST**  
**Sunday April 18<sup>th</sup> 2010 WHITBY, ONTARIO**

**JUDGE: Marie-P Babin**  
**163 Delaney Dr. Ajax, On. L1T 2B9**

**Entries will not be accepted before: March 4<sup>th</sup> 2010**

Entries received before this date and time will be returned

**CLOSING DATE: April 2<sup>nd</sup> 2010 AT 8:00 PM**

**Or automatically when limit has been reached**

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

**A TD title is a prerequisite for entering a UTD test**

**LIMIT OF ENTRIES: Limited due to space availability**

**FEES: UTD \$75.00**

**UTDX \$90.00**

**CKC Listing Fee \$ 8.56**

**A listing fee must be included on 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 The Cross Country Tracking Club and send entries in separate envelopes for each entry with the correct fee to:**

**CROSS COUNTRY TRACKING CLUB  
MARYKE WARWICK, TEST SECRETARY  
147 RAMONA BLVD, MARKHAM, ON. L3P 2K9**

## **CLUB OFFICERS**

President	Marie-P Babin
Vice President	Eileen Fisher
Secretary	Maryke Warwick
Treasurer	Bev Wiggans

## **TEST COMMITTEE**

Test Superintendent	Laura McKay
Test Secretary	Maryke Warwick maryke5024@rogers.com
Treasurer	Bev Wiggans
Trophy	Marie-P Babin

## **VETERINARIAN:**

**Animal Emergency Clinic of Durham Region  
1912 Dundas St. E  
Whitby, ON  
(905) 576-3031**

## **CROSS COUNTRY TRACKING CLUB 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, will no longer require a CKC registration number but will 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:**

Performance Event Number allows an unregistrable 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.

**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 the entry form.

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.

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

Faxed, emailed or hand delivered entries will be rejected.

Each entry **MUST** be in a separate MAILING envelope.

Multiple entries in one envelope will be rejected.

Entries will close automatically when the limit has been reached, even if the official closing date for entries has not arrived.

ENTRIES will not be accepted unless accompanied by the appropriate fee.

**NO POST DATED CHEQUES WILL BE ACCEPTED.**

## **CONFIRMATION OF ENTRY:**

All entries will be acknowledged with confirmation of entry (or position on the alternate list) draw times and a map to the draw location and the test site will be sent.

The Draw will take place at the Tim Horton's, Thickson Rd, just North of the 401 1601 Champlain Ave Whitby On. L1N 9M1

Entries will be accepted in the order that they reach the secretary.

**Only written withdrawals received before April 2<sup>nd</sup> 2010 will be accepted.**

## **ALTERNATE LIST:**

When the advised limit has been reached all remaining entries shall be assigned a position on an "Alternate List" in the order received. At the time of the draw, any entries from the alternate list may fill any absentee spaces. The person making the entry shall be notified of their position on the Alternate list. Entries will be refunded within ten days of the tracking test to those on the alternate list who did not participate in the test

[www.cctrackingclub.com](http://www.cctrackingclub.com)



**OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM**  
**Cross Country Tracking Club**

SHOW Urban Tracking Dog and Urban Tracking Dog   
**Excellent Test**  
 DATE Sunday April 18<sup>th</sup> 2010

TOTAL FEES: \$ \_\_\_\_\_ ENTRY FEES: \$ \_\_\_\_\_ LISTING FEES: (\$8.56) \$ \_\_\_\_\_  
 MAKE CHEQUES PAYABLE TO CROSS COUNTRY TRACKING CLUB AND MAIL ENTRIES TO:  
 MARYKE WARWICK, 147 RAMONA BLVD, MARKHAM, ON. L3P 2K9  
 (ENTRIES RECEIVED PRIOR TO MARCH 4<sup>th</sup> 2010 WILL BE RETURNED)  
 (ENTRIES CLOSE APRIL 2<sup>nd</sup> 2010 @ 8:00 P.M. OR AUTOMATICALLY WHEN LIMIT HAS BEEN REACHED)

BREED	VARIETY	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	
CLASS: <b>UTD \$75</b>	<b>UTDX \$90.00</b>		
REG. NAME OF DOG			
<input type="checkbox"/> CKC REG NO. <input type="checkbox"/> CKC ERN NO. <input type="checkbox"/> CKC Misc. Cert No. <input type="checkbox"/> LISTED	Check one and enter number here:	DATE OF Birth (Month/Day/Year)	Is This a Puppy? <input type="checkbox"/> Yes <input type="checkbox"/> No
		PLACE OF BIRTH <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE	
BREEDER			
SIRE			
DAM			

ACTUAL OWNERS \_\_\_\_\_

OWNERS ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROV \_\_\_\_\_ Postal Code \_\_\_\_\_

NAME OF OWNERS AGENT (if any) AT THE SHOW \_\_\_\_\_

AGENT'S ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROV \_\_\_\_\_ Postal Code \_\_\_\_\_

I CERTIFY that I am the registered owner(s) of the dog, or that I am the duly authorized agent of owner(s) whose name(s) 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 abide 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 \_\_\_\_\_ MAIL I.D. TO:  OWNER  AGENT

E-MAIL ADDRESS \_\_\_\_\_



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CLASS: <b>UTD \$75</b>	<b>UTDX \$90.00</b>		
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		PLACE OF BIRTH <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE	
BREEDER			
SIRE			
DAM			

ACTUAL OWNERS \_\_\_\_\_

OWNERS ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROV \_\_\_\_\_ Postal Code \_\_\_\_\_

NAME OF OWNERS AGENT (if any) AT THE SHOW \_\_\_\_\_

AGENT'S ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROV \_\_\_\_\_ Postal Code \_\_\_\_\_

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SIGNATURE of owner or agent \_\_\_\_\_

TELEPHONE \_\_\_\_\_ MAIL I.D. TO:  OWNER  AGENT

E-MAIL ADDRESS \_\_\_\_\_