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NAVHDA 2017 INVITATIONAL Test Entry - \$425.00

Print

Chapter: _____ September 14-17 Preferred Run Day: _____

DOG INFORMATION

NAVHDA **Dog** Reg. Number: _____ (REQUIRED) Breed of **Dog**: _____

Dog Registered Name: _____ **Dog** Call Name: _____

Sex: Male Female Age at Time of Test: Yrs: _____ Mos: _____ Whelp Date: _____

Hip Dysplasia Tested? Yes – Enclosed Yes - On File No

Status of required DNA certification Yes – On File No Applied for

The following information will help us create the running order:

Is it possible your female could be in season during this test? Yes No

If so, would you consider running on the final day of the test? Yes No

As the test date approaches, please contact the test secretary and advise whether your dog has come into season.

OWNER INFORMATION

Owner: _____ **Owner** NAVHDA Member #: _____

Street _____ City _____ State _____ Zip/Postal Code _____

Phone: _____ Email: _____

Cell Phone: _____

HANDLER INFORMATION

Handler: _____ **Handler** NAVHDA Member #: _____

Phone: _____ Email: _____

Cell Phone: _____

Please do not send your credit card number by standard e-mail as that poses a security risk.
1. Complete this form with credit card number, save the form and securely email with required documents to the NAVHDA office using one of these website pages on the NAVHDA website www.navhda.org.
A. Under Registry on the left "Submit Completed Registration Documents"
B. "Forms Express" near the top under "Registry" select "Securely Email Forms & Documents"
2. Print completed form and fax to NAVHDA at (847)255-5987 or mail to NAVHDA, PO BOX 520, ARLINGTON HEIGHTS IL 60006.
3. Make check or money order payable to NAVHDA

NAME ON CREDIT CARD: _____

Credit Card: Visa Master Card Amex Discover

Card Number: _____ Exp Date: ____/____ CVV: _____