



NEWFOUNDLAND CLUB OF AMERICA WORKING TEST ENTRY

Test Location: _____

Test Giving Club: _____

____ WD ____ WRD ____ WRDX ____ DD ____ TDD ____ DDX ____ TDDX ____ THIS ENTRY IS A REQUAL
(Team entries should complete a separate entry sheet for each dog on the team)

Entries close at: _____ am/pm, On: _____.

Entries must be received by the test secretary, by mail, by the closing date and time.

Entries not received by the closing date and time will not be accepted even if postmarked before this date!

Send entries with \$ _____ Entry fee payable to: _____

Return entries to the Test Secretary: _____

PLEASE PRINT LEGIBLY:

****Information on this form will be use for record keeping and to generate a certificate of qualification should the dog and handler pass. (Only AKC, NCA & CKC titles are allowed)**

Attach a current copy of this dog's AKC Registration

Owner's Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Full Name of Dog: _____

AKC/ CKC/ ILP/PAL# _____ Date of Birth: _____ Sex: _____

Sire: _____

Dam: _____

Breeder (S): _____

_____ Call Name: _____

Handler's Name: _____

****Entry Form Must Be Signed To Be A Valid Entry**

**** I understand that I enter my dog in this NCA Working Test at my own risk.**

I have read the Test Regulations and understand them. I agree to abide by the test Regulations, the NCA Constitution and By-Laws and further agree to be bound by the Entry Agreement included in this premium for this test.

Signature: _____ Date: _____

(Signature of Owner/ Agent duly authorizes to make this entry)

Day Phone: () _____ Home Phone: () _____

E-Mail: _____ NCA MEMBER: ____ YES ____ NO