

REGISTRATION FORM FOR  
PARTICIPATING IN  
C.R.H.C.

Handlers Name and Occupation

\_\_\_\_\_

Handlers Age- \_\_\_\_\_

Handlers Contact Information- \_\_\_\_\_

\_\_\_\_\_

Dogs Name, Age & Breed- \_\_\_\_\_

Does your dog participate in, or hold titles for hunt tests or field trials \_\_\_\_\_

What titles does your dog hold in any event- \_\_\_\_\_

Is your dog spayed or neutered- \_\_\_\_\_

If a bitch, when was the last heat cycle- \_\_\_\_\_

What Level are you registering for- Level 1 \_\_\_\_\_ Level 2 \_\_\_\_\_

Give a brief description of you and your dogs experience and activities.

\_\_\_\_\_

\_\_\_\_\_

Send registration plus \$20 fee to:

Jim Beverly  
39 Garibaldi Ave.  
Oakfield, NY 14125  
716-474-4661