

Chinook Owners Association Working Dog Program

Date:	Registration Number:	Registration Type: <input type="checkbox"/> UKC <input type="checkbox"/> UKC LP <input type="checkbox"/> COA CrossBreeding Program	
Owner & Co-Owner:		Dog's Registered Name:	
Owner email:	Owner Phone #:	Dog's Date of Birth:	
Owner Street Address: <small>Number, Street, Town, State, Zip Code</small>			

<i>Location / Trail Name</i>	<i>Handler</i>	<i>Handler email</i>	<i>Handler Phone #</i>	<i>Pack Weight</i>	<i>Distance (Miles) and /or Elevation (Feet)</i>	<i>Comments</i> <small>Note if Trip narratives/journal are included in application Please note which trips included overnight campouts</small>

I confirm the above information is accurate.
Signature of Owner

I confirm the above information is accurate.
Signature of Handler

