Chinook Owners Association Working Dog Program

Sledding - Excellent Form

Page

Date: Registration Number: Dog's Registered Name:						Registration Type: UKC UKC LP COA CrossBreeding Program Application Type: Titling Method: Working Lead Dog - Excellent Combination Working Team Dog- Excellent				
Owner & Co										
Date of Race	Name of Race	Host Club	Driver	# of dogs on Team	Distance (miles)	Race Class Include weight carried if a Freight race	# of Teams in Class	Finish Time and Rank	Comments For WLD applications, note ran in single or double le	

Total Sprint Distance

Total Freight Distance

Total Racing Distance

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Date:	Registration N	umber:	Registration Type: □ UKC □ UKC LP □ COA Cro	Registration Type: UKC UKC LP COA CrossBreeding Program		
Dog's Registered Name:		Application Type:	Titling Method:			
Owner & Co-Owner	Owner email:	Owner Phone #:	Working Lead Dog - Excellent	Recreational		
Owner Street Address: Number, Street	eet, Town, State, Zip Code	Working Team Dog- Excellent	Combination			

Recreational Miles

Date of Trip	Location / Trail Name	Driver	# of dogs on Team	Distance (miles)	Witness Name* Please Print	Witness Signature*	 Comments For WLD applications, note if dog ran in single or double lead Note if Trip narratives/journal are included in application

Page Total Recreational Distance