

NAHRA OFFICIAL ENTRY FORM	
NORTH AMERICAN HUNTING RETRIEVER ASSOCIATION	
Club: Location: Day/Date:	
PLEASE ENTER IN: <input type="checkbox"/> Started <input type="checkbox"/> Hunter <input type="checkbox"/> Intern <input type="checkbox"/> Senior (SEPARATE FORM Each Ent)	
IS DOG REGISTERED? YES <input type="checkbox"/> NO <input type="checkbox"/> REG # or FTN # <input type="checkbox"/> <input type="checkbox"/>	
REGISTRY	DATE OF BIRTH <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
REG. NAME:	
CALL NAME:	BREED: COLOR:
BREEDER:	
SIRE:	
DAM:	
HANDLER:	
OWNER:	
STREET:	
CITY:	STATE: ZIP:
IS OWNER A MEMBER OF NAHRA? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAHRA MEMBERSHIP NUMBER:	EXPIRATION DATE:
SIGNATURE OF OWNER OR AGENT:	PHONE NUMBER:
Email:	
JUDGES INITIALS:	QUALIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO
1. 2.	DOG NUMBER:
3. 4.	
OFFICIAL USE ONLY	

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