

**THE CANADIAN KENNEL CLUB  
EXECUTIVE DIRECTOR  
JEFF CORNETT [ED@ckc.ca](mailto:ED@ckc.ca)  
200 RONSON DRIVE, SUITE 400  
ETOBICOKE, ONTARIO M9W 5Z9  
Phone: (416) 675-5511**

**CKC DIRECTOR FOR EASTERN ONTARIO  
ROBERT WHITNEY  
[zone5director@ckc.ca](mailto:zone5director@ckc.ca)**

**CKC ZONE 5 TRACKING REP  
WENDY McCULLOUGH [inthepocket6@gmail.com](mailto:inthepocket6@gmail.com)  
1733 HARTMAN ST.  
KINGSTON, ON K7L 4V4**

THE CROSS COUNTRY TRACKING CLUB WILL USE ALL REASONABLE CARE TO GUARANTEE THE SAFETY OF DOGS AND PERSONS AT THE TEST. HOWEVER NEITHER THE CROSS COUNTRY TRACKING CLUB NOR ANY INDIVIDUAL WILL ACCEPT THE RESPONSIBILITY FOR LOSS OR INJURY, HOWEVER CAUSED, TO ANY DOG, PERSON OR PROPERTY

It shall be the duty, and obligation of the test-giving club to see that a judge, club volunteer, or any participant at an event held under these rules, is not subject to indignities of any kind.

**ACCOMODATIONS:**

Below is a list of motels in the area. Exhibitors should check with the individual motels as to whether they allow dogs in the rooms.

**Please clean up after your dog(s) in all places.**

Exhibitors will be held responsible for all damage done by their dog(s).

|  |               |
|--|---------------|
| Quality Suites<br>1700 Champlain Ave, Whitby On, L1N 6A7                               | 855- 973-7216 |
| Travelodge Oshawa<br>940 Champlain Ave, Oshawa, On. L1J 7A6                            | 905-436-9500  |
| Durham Hotel &<br>Conference Centre Oshawa<br>1011 Bloor Street E, Oshawa, On. L1H 7K6 | 905-576-5101  |



**OFFICIAL PREMIUM LIST  
103<sup>rd</sup> LICENSED TRACKING TEST  
Held under the Canadian Kennel Club Rules**

**CCTC will be following CKC advisories directing clubs to respect municipal, provincial, and federal COVID-19 Government Health Guidelines including travel advisories and restrictions.**

**This test is also open to mixed breeds and unrecognized breeds.**

**URBAN TRACKING DOG  
URBAN TRACKING DOG EXCELLENT TEST**

**Sunday May 12<sup>th</sup>, 2024, WHITBY, ONTARIO**

**JUDGE: Laura McKay  
15 SAGEWOOD PL, GUELPH, ON, N1G 3M8**

**CLOSING DATE: April 25<sup>th</sup>, 2024, at 8:00 PM  
The club cannot accept entries delivered after this date and time.**

**Either a TD title or a Pre-Test Certificate is required for entering a UTD test.**

**LIMIT OF ENTRIES: 4 UTD 2 UTDX**

|                  |                 |
|------------------|-----------------|
| <b>FEES: UTD</b> | <b>\$85.00</b>  |
| <b>UTDX</b>      | <b>\$100.00</b> |
| <b>CKC TCN</b>   | <b>\$11.30</b>  |

A TCN fee must be included on all dogs not registered with the Canadian Kennel Club.

**US Exhibitors: payment MUST be made out for the full entry amount in Canadian Funds.** \$U.S. personal cheques marked "Payable in Canadian Funds" or "At Par" will not be accepted. Bank drafts or money orders payable in Canadian funds are probably the best choice. Cheques only, no cash. **Please make cheque payable to the Cross Country Tracking Club and send entries in separate envelopes for each entry with the correct fee to: CROSS COUNTRY TRACKING CLUB**

**PAMELA BURNS, TEST SECRETARY  
817 HOWE TERRACE, PO Box 364 PRESCOTT, ON, K0E 1T0**

## CLUB OFFICERS

|                |                |
|----------------|----------------|
| President      | Marie-P Babin  |
| Vice President | Eileen Fisher  |
| Secretary      | Maryke Warwick |
| Treasurer      | Anne Whan      |

## TEST COMMITTEE

|                     |                                       |
|---------------------|---------------------------------------|
| Test Superintendent | Stephanie McMahon                     |
| Test Secretary      | Pamela Burns<br>psquared603@gmail.com |
| Treasurer           | Anne Whan                             |
| Trophy              | Eileen Fisher                         |

**VETERINARIAN: Animal Emergency Clinic of Durham Region  
1910 Dundas St. E Unit B101Whitby, ON (905) 576-3031  
CROSS COUNTRY TRACKING CLUB WILL NOT BE RESPONSIBLE  
FOR ANY VETERINARY COSTS.**

**ERN:** All dogs that are foreign born and foreign owned that enter Canada for the sole purpose of entering CKC events, will no longer require a CKC registration number but will require an Event Registration Number. The ERN number MUST be applied for within 30 days of the first day of entering a CKC event.

**PEN:** Performance Event Number allows an unregistrable dog of a CKC recognized breed to participate in those competitive events that are appropriate for the breed. A dog that is eligible for a PEN may not be entered as a listed dog. Dogs may only enter events after a PEN has been issued to that dog. This restriction shall also apply to dogs with ILP numbers.

**CCN:** To compete, mixed-breed and unrecognized-breed dog owners must apply for a Canine Companion Number (CCN) and meet specific criteria as set out in the Canine Companion Club Policy

**TCN:** A Temporary Competition Number will replace the former "Listed Dog" category and will allow unregistered dogs of recognized breeds to temporarily participate in CKC events, providing that the number is obtained before the closing date of entries while they pursue permanent registration.

### **Effective January 1, 2011 - Non-Member Participation Fee**

A non-member participation fee will be charged to a resident of Canada who is a non-member of the CKC. The fee will match the ERN fee. The non-member participation fee is paid in any year a title is earned and covers all titles and dogs owned by that individual. For the title to be awarded, the non-member will have a choice to either become a CKC member or pay the non-member participation fee. Failure to comply within 30 days of notification will result in the title being withheld and the dog cannot be moved up to the next level. The fee applies only to dogs wholly owned by non-member residents of Canada and is not applicable to CKC members

All entries must be on an official CKC entry form. Owners are responsible for errors in making out entry forms, regardless of who completes the entry form. Incomplete or improper entry forms will not be accepted. Put all relevant tracking titles on the entry form.

The test sites cannot be used 14 days prior to the test day.

**MAIL OR COURIER DELIVERIES MUST NOT REQUIRE A SIGNATURE FOR DELIVERY** Each entry MUST be in a separate MAILING envelope. Multiple entries in one envelope will be rejected. Only one entry per event for each dog entered will be accepted. Entries can be mailed, hand delivered or sent by courier to the postal address of the Test Secretary.

ENTRIES will not be accepted unless accompanied by the appropriate fee. Cheques only, no cash. **NO POST-DATED CHEQUES WILL BE ACCEPTED.**

**Club Worker Option:** At the entry draw **1** UTD tracks will be reserved per CKC Rule 6.62 "Club Worker" is defined by CCTC Policy.

### **CONFIRMATION OF ENTRY:**

Entrants will be notified by phone or email that their entry has been received. Entry fees will be returned within 10 days of the day of the test to Alternates who did not participate in the test. **Draw for entry:** A random draw of all entries received by the closing date and time will take place to determine placement in the test or onto an Alternate list. The draw will be held 7:00 pm on April 26<sup>th</sup> at 817 Howe Terrace, PO Box 364 Prescott, ON K0E 1T0

**Day of test, meeting place and draw:** Rendezvous is scheduled for 8:30 a.m. at Tim Horton's Thickson Rd, just North of the 401, 1601 Stellar Dr Whitby On. L1N 9M1, where the draw for the tracks will take place. At the time of the draw, any entry from the alternate list may fill any absentee spaces.

**Only written withdrawals received before April 25<sup>th</sup>, 2024, will be accepted.**

**BITCHES IN SEASON:** Bitches in season will be permitted to compete but will be assigned the last track.

All dogs must always be kept on leash and under control.

**PRIZES:** A Rosette will be awarded to every successful participant.



**OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM**  
**Cross Country Tracking Club**

SHOW Urban Tracking Dog and Urban Tracking Dog   
Excellent Test  
 DATE Sunday May 12<sup>th</sup> 2024

TOTAL FEES: \$ \_\_\_\_\_ ENTRY FEES: \$ \_\_\_\_\_ TCN FEES: (\$11.30) \$ \_\_\_\_\_  
 MAKE CHEQUES PAYABLE TO CROSS COUNTRY TRACKING CLUB AND MAIL ENTRIES TO:  
**PAMELA BURNS, TEST SECRETARY 817 HOWE TERRACE, PO Box 364 PRESCOTT, ON, K0E 1T0**

ENTRIES CLOSE April 25<sup>th</sup>, 2024 @ 8:00 P.M

|   |         |  |   |
|---|---------|--|---|
| BREED   | VARIETY | SEX<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female  |   |
| CLASS: <input type="checkbox"/> UTD \$85.00 <input type="checkbox"/> UTDX \$100.00 <input type="checkbox"/> WORKER DRAW   |         |  |   |
| REG.NAME OF DOG   |         |  |   |
| <input type="checkbox"/> CKC REG NO.<br><input type="checkbox"/> CKC ERN NO.<br><input type="checkbox"/> CKC Misc. Cert No.<br><input type="checkbox"/> CKC CCN NO.<br><input type="checkbox"/> CKC PEN NO.<br><input type="checkbox"/> TCN |         | DATE OF Birth (Month/Day/Year)<br>Is This a Puppy?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Check one and enter number here:<br>PLACE OF BIRTH <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE |
| BREEDER   |         |  |   |
| SIRE  |         |  |   |
| DAM   |         |  |   |

ACTUAL OWNERS \_\_\_\_\_ **CKC Member #** \_\_\_\_\_

OWNERS ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROV \_\_\_\_\_ Postal Code \_\_\_\_\_

NAME OF OWNERS AGENT (if any) AT THE SHOW \_\_\_\_\_

AGENT'S ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROV \_\_\_\_\_ Postal Code \_\_\_\_\_

I CERTIFY that I am the registered owner(s) of the dog, or that I am the duly authorized agent of owner(s) whose name(s) I have entered above and accept full responsibility for all statements made in this entry. In consideration of the acceptance of this entry. I (we) agree to abide by the rules and regulations of the Canadian Kennel Club and by any additional rules and regulations appearing in the premium list.

SIGNATURE of owner or agent \_\_\_\_\_

TELEPHONE \_\_\_\_\_ MAIL I.D. TO:  OWNER  AGENT

E-MAIL ADDRESS \_\_\_\_\_



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| CLASS: <input type="checkbox"/> UTD \$85.00 <input type="checkbox"/> UTDX \$100.00 <input type="checkbox"/> WORKER DRAW   |         |  |   |
| REG.NAME OF DOG   |         |  |   |
| <input type="checkbox"/> CKC REG NO.<br><input type="checkbox"/> CKC ERN NO.<br><input type="checkbox"/> CKC Misc. Cert No.<br><input type="checkbox"/> CKC CCN NO.<br><input type="checkbox"/> CKC PEN NO.<br><input type="checkbox"/> TCN |         | DATE OF Birth (Month/Day/Year)<br>Is This a Puppy?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Check one and enter number here:<br>PLACE OF BIRTH <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE |
| BREEDER   |         |  |   |
| SIRE  |         |  |   |
| DAM   |         |  |   |

ACTUAL OWNERS \_\_\_\_\_ **CKC Member #** \_\_\_\_\_

OWNERS ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROV \_\_\_\_\_ Postal Code \_\_\_\_\_

NAME OF OWNERS AGENT (if any) AT THE SHOW \_\_\_\_\_

AGENT'S ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROV \_\_\_\_\_ Postal Code \_\_\_\_\_

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SIGNATURE of owner or agent \_\_\_\_\_

TELEPHONE \_\_\_\_\_ MAIL I.D. TO:  OWNER  AGENT

E-MAIL ADDRESS \_\_\_\_\_