REGISTRATION FORM
One form per dog
Forms available on the 2020 National Specialty website
www.ttca2020

Owner's Name
_____________________________________________________
Address   _______________________________________________________
________________________________________________________________
Phone Number:   ________________________________________________
Email:  __________________________________________________________

Dog's Registered Name: ____________________________________________
Dog's Call Name:   ______________________________________________
AKC Number:  __________________________________ Sex:  _________

Please indicate which test(s) or evaluation(s):

☐ CGC  ☐ CGCA  ☐ CGCU
Trick Dog:  ☐ Novice  ☐ Intermediate  ☐ Advanced
☐ TDI

$20.00 per test or evaluation
Total of $__________ for _______ tests/evaluations

Include test/evaluation fees on the National Specialty Order Form and return this form with it.

You can also mail this form alone with a check made out the TTCA to:
Deidre Philpot
42 Underwood Place NW
Washington, D.C. 20012
email: kdp318@yahoo.com