

NAVHDA YOUTH DEVELOPMENT PROGRAM

YOUTH TESTING VOUCHER

(NA, UPT, UT and INVITATIONAL testing are eligible)

APPLICANT INFORMATION	
Dog Registered Name:	Dog Registration #:

ONLY ONE DOG MAY BE ENTERED ON THIS FORM. PLEASE USE A SEPARATE FORM FOR EACH DOG TESTED.

Youth Handler Name:	Age: (under 19 years old)
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Parent Name:	
Mailing Address:	
Email Address:	Phone Number:

EVENT INFORMATION				
Check type of test:	Natural Ability	Utility Preparatory	Utility	Invitational
Hosting Chapter:		Date of the Test:		

CHAPTER VERIFICATION	
I CERTIFY THAT THE ABOVE NAME YOUTH DID IN FACT, HANDLE THE DOG AS STATED ABOVE.	
Judge/Chapter Official:	
Signature: (required)	Today's Date:

REFUND INFORMATION	
Total Test Fee:	X 75% = the refund amount of:
To whom and where should the refund be made payable to:	Name:
	Street:
	City/State/Zip:

AFTER THE DOG HAS BEEN TESTED AND THIS FORM HAS BEEN SIGNED BY A JUDGE OR CHAPTER OFFICIAL, PLEASE SUBMIT TO THE NAVHDA INTERNATIONAL OFFICE FOR REFUND BY EITHER:

MAIL: NAVHDA
P.O. Box 520
Arlington Heights, IL 60006-0520

EMAIL: navoffice@navhda.org
FAX: (847) 255-5987