



NAVHDA 2020 INVITATIONAL Test Entry Form

SUBMISSION AND PAYMENT INFORMATION

For your security, please do not submit this form with your credit card information via regular email. Instead, use either one of the options below:

1. Save this blank form to your computer, fill it out, and send it via encrypted email; it's easy, fast and secure. A link with full instructions is available at the top of the [Forms Express Page](#) on the NAVHDA website.
2. Complete this form, print it out and send it to NAVHDA, PO Box 520, Arlington Heights, IL 60006 or FAX it to 847.255.5987.

When: September 17-20, 2020	This form must be postmarked by 5/1/2020 to participate. If submitting via email or fax, it must be received by midnight, May 1, 2020. NO EXCEPTIONS	Please Indicate 1 st 2 nd 3 rd run date preference:	
Hosted by: THE HAWKEYE CHAPTER		Thursday, 9/17/20	
Where: Searsboro, Iowa		Friday, 9/18/20	
Entry Fee: \$425.00		Saturday, 9/19/20	
		Sunday, 9/20/20	

DOG INFORMATION		NAVHDA REGISTRATION # <i>(REQUIRED)</i>	
REGISTERED DOG NAME:		CALL NAME:	
BREED OF DOG:		WHELP DATE:	
SEX OF DOG:	MALE FEMALE	AGE ON TEST DAY:	YEARS: MONTHS:
HIP DYSPLASIA TESTED?	Yes (on file) Yes (copy enclosed) No		
DNA CERTIFICATION REQUIREMENT:	Every dog that will participate in the Invitational must have NAVHDA DNA Certification on file or submitted to NAVHDA by close of entry, 5/1/2020		
Status of required NAVHDA DNA CERTIFICATION:	Yes (on file) Yes (NAVHDA APPLIED) No, please send a DNA swab kit for an add'l \$55.00		

The following information will help us create the running order:	Is it possible that your female could be in season during this test?	YES	NO
	If YES, would you consider running on the final day of the weekend?	YES	NO

As the test date approaches, please contact the Chapter Test Secretary and advise whether your dog has come into season.

OWNER INFORMATION	NAVHDA MEMBER # <i>(REQUIRED)</i>
Full Name:	Membership Life Member Expiration Date: Paying Life
Street:	City, State Zip:
Cell Phone:	Email :

HANDLER INFORMATION	NAVHDA MEMBER # <i>(REQUIRED)</i>
Full Name:	Membership Life Member Expiration Date: Paying Life
Cell Phone:	Email :

Payment by: Visa MasterCard Amex Discover Check No: _____ payable to **NAVHDA** in US FUNDS.

Name on Credit Card: _____ Total payment: _____

CREDIT CARD NUMBER:	<input type="text"/>	EXPIRATION DATE:	<input type="text"/>	CVV NUMBER:	<input type="text"/>
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NAVHDA, PO Box 520, Arlington Heights, IL 60006 FAX: 847.255.5987 PHONE: 847.253.6488

**A confirmation will be sent to the owner via USPS within a month after receipt of entry;
please contact the NAVHDA Central Office if you have not received a confirmation in the mail.**