NAVHDA 2024 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 11-15, 2024
Hosted by: THE HAWKEYE CHAPTER
Where: Searsboro, Iowa
Entry Fee: $550.00

This form must be postmarked by March 1, 2024, *to participate. If submitting via email or fax, it must be received by midnight,* March 1, 2024.

NO EXCEPTIONS

Indicate 1st, 2nd, 3rd, & 4th run date preferences:	
Wednesday, 9/11/24	
Thursday, 9/12/24	
Friday, 9/13/24	
Saturday, 9/14/24	
Sunday, 9/15/24	

DOG INFORMATION			NAVHDA REGISTRATION # *(REQUIRED)*
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, 3/1/2024**		
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 Invitational Test Secretary and advise whether your dog has come into season.	

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

HANDLER INFORMATION	NAVHDA MEMBER # *(REQUIRED)*
Full Name:	Membership Expiration Date: ◯ Life Member ◯ 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:																

EXPIRATION DATE		CVV NUMBER	

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. Please contact the office if you have not received your receipt in the mail.