

Name of Club: _____

Date: _____

No.	Dog's Name			Breed	Current Title	Tattoo or MC #	Registration #		
	Birthdate (M / D / Y)	Male <input type="checkbox"/>	A	B	C	TSB	Total Score		
		Female <input type="checkbox"/>							
	Date Presented	Title Presented		Temperament Test: Pass <input type="checkbox"/> Fail <input type="checkbox"/>		TITLE AWARDED: YES <input type="checkbox"/> NO <input type="checkbox"/>		Note	GSSCC Scorebook #
	Owner's Name		GSSCC # / Expiry	Address (City/Town, Province)				Club	
	Handler's Name		GSSCC # / Expiry	Address (City/Town, Province)				Club	
No.	Dog's Name			Breed	Current Title	Tattoo or MC #	Registration #		
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		Female <input type="checkbox"/>							
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Signature of Trial Manager/Secretary _____ Signature of Judge _____