

# TEAM CANADA – Letter of Intent

## APPLICATION FORM

### Handler Information (please print):

Name: Nom:	GSSCC Number: GSSCC Numéro:
Address: Adresse:	City: Cité:
Province: Province:	Postal Code: code postal:
	Telephone: Téléphone:
Club Affiliation: affiliation au club:	e-mail:

### Dog Information:

Name of Dog & Titles: Nom du chien et titres:	
Registration Number: Numéro d'enregistrement:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Mâle <input type="checkbox"/> Femelle
Tattoo/Microchip Number: Numéro de tatouage/microchip:	Date of Birth: Date de naissance:
Sire Name/Titles: Père Nom/titres:	Registration Number: Numéro d'enregistrement:
Dam Name/Titles: Mère Nom/titres:	Registration No: Numéro d'enregistrement:

I, \_\_\_\_\_ herewith make application of my intent to be considered for placement on Team Canada, should I meet all the requirements as outlined in the GSSCC Policy Manual.

Date: \_\_\_\_\_

EVENT <i>Example</i>	DATE <i>January 10, 2008</i>	HOSTING CLUB <i>Name of Schutzhund Club</i>	REGION <i>Western</i>	SCORES <i>98/98/98 'a' = 294</i>
Regional Championship				
Canadian Championship				

*(Please enter all 3 phase scores plus the total in the event of a tie between applicants)*

Forwarded by: \_\_\_\_\_ Date: \_\_\_\_\_  
(please print)

on behalf of the \_\_\_\_\_ Regional Board of Directors.

1. To be forwarded to your Regional Director **prior** to August 1st, 2011
2. To be forwarded to the Team Canada Co-ordinator **no later than** August 10th, 2011

**Team Canada Co-ordinator:**

**Doug Deacon**  
**1112 Castle Crescent**  
**Port Coquitlam, BC V3C 5C6**

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