Gateway Sled Dog Club
Public Relations Title Record

Call Name: _____ Breed: _____ Sex: _____ Date of Birth: _____
Reg. Name: _____ Reg. #: _____
Owner Name(s): _____ Home Ph.#: _____ Work Ph.#: _____
Street: _____ City: _____ State: _____ Zip: _____

Date	Event	Where	Equipment used	Points
			Total Points:	0