



# VERSATILITY AWARDS

## Verification Form

*This is to certify that the following Leonberger:*

Registered Name: \_\_\_\_\_

Registration Number: \_\_\_\_\_ Sex: \_\_\_\_\_ Call Name: \_\_\_\_\_

*Trained/Worked/Competed in:*

\_\_\_\_\_ (Sport/ Activity)

on \_\_\_\_\_ (Date(s)/Season)

*Witness(Official)*

Name (please print): \_\_\_\_\_ Title of Official: \_\_\_\_\_

Signature: \_\_\_\_\_ Address: \_\_\_\_\_

*Owner/Trainer:*

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Contact [info@LeonbergerClubOfOntario](mailto:info@LeonbergerClubOfOntario) for submission details

