

# RMC NAVHDA Team Elevate Program

Youth Testing Voucher  
(NA, UPT, and UT hosted by RMC NAVHDA)

## APPLICATION INFORMATION

Dog's Registered Name:

Dog's Registration #:

Youth Handler Name:

Age: (under 19 years old):

Parent Name:

Mailing Address:

Email Address:

Phone Number:

## EVENT INFORMATION

Check type of test:

Natural Ability

Utility Preparatory

Utility

Date of the test:

Confirmation that NAVHDA Youth Voucher was signed

## CHAPTER VERIFICATION

I CERTIFY THAT THE ABOVE NAME YOUTH DID IN FACT, HANDLE THE DOG AS STATED ABOVE.

Test Secretary/Chapter Official:

Signature: (required)

Today's Date:

I consent to photos of my youth to be used by the RMC NAVHDA Chapter on Team Elevate media to increase exposure for the program: \_\_\_\_\_ (Parent Initials)

## REIMBURSEMENT INFORMATION

Total Test Fee:

X 25% = the refund amount of:

To whom and where should the refund be made payable to:

Name;

Address

City, State, Zip:

AFTER THE DOG HAS BEEN TESTED AND THIS FORM HAS BEEN SIGNED BY A RMC NAVHDA CHAPTER OFFICIAL, PLEASE SUBMIT TO THE RMC NAVHDA TREASURER FOR REFUND BY EITHER:

Mail: Sharelle Gonzales, 16793 County Road 10, Fort Morgan, CO 80701 or email [sharelle.gonzales@gmail.com](mailto:sharelle.gonzales@gmail.com)