

**Form B Race Results Certification Form
WORKING SAMOYED CERTIFICATION**



Driver's Name _____ Date of Race _____

_____ Race Name Location _____

Race Giving Organization _____

Racing Class Run _____

Number of Dogs on Team _____

Number of teams at start of race _____

Your placing in the race _____

Winning time in the race _____

Your time in the race _____

Mileage for race _____

All Samoyed team Yes or No

Registered Names of Samoyeds

*I certify that the information presented above regarding the race is true and correct to the best of my knowledge. And that all scheduled heats were run by this team except those cancelled officially due to weather or trail conditions. The form was **completed** prior to signing and that I officiated at this race in the capacity circled:*

Race Marshall/Chief Judge/Chief Timer _____ Date _____
(signature)

Name: _____

Phone: _____ email _____