

Email

OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

ALBERTA CLIPPER HUNTING RETRIEVER ASSOCIATION

Closing: Friday, July 8th, 2022

Enter Classes/Dates in Fields Below

WC/WCI/WCX Saturday, July 16, 2022

EVENT INFORMATION FEES: Entry Fee \$_____ TCN Fee \$____ Total Enclosed \$_____ TEST ENTERED: WC □ WCI □ WCX □ DOG INFORMATION Registered Name of Dog: Breed: ______ Variety: _____ Male 🗆 Female 🗆 ☐ CKC Registration # ☐ CKC Miscellaneous # ☐ CKC ERN # □ Listed ☐ CKC PEN # Insert Number Here: Date of Birth: ☐ Canada ☐ Elsewhere Sire: ______ Dam: _____ OWNER(S) & AGENT INFORMATION Registered Owner(s): ______ Membership No. ______ Membership No. _____ Handler: Owner's Address: ____ Name of Agent (if any): Agent's Address: I CERTIFY that I am the registered owner(s) of the dog or that I am the authorized agent of the actual owner(s) whose name(s) I have entered above and accept full responsibility for all statements made in this entry, I (we) agree to be bound by the rules and regulations of The Canadian Kennel Club and by any additional rules and regulations appearing in the premium list. Signature of Owner or Agent Telephone Number



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EVENT INFORMATION			
FEES: Entry Fee \$	TCN Fee \$	Total Enclosed \$	
TEST ENTERED: WC \square	WCI □	WCX □	
200 115021 115101			
DOG INFORMATION			
Registered Name of Dog:			
Breed:	Variety:	Male 🗆	Female □
☐ CKC Registration #	☐ CKC Miscellaneous #		
☐ CKC ERN #	□ Listed		
☐ CKC PEN #	Insert Number Here:		
dd	mm yy		
Date of Birth:		Place Of Birth: ☐ Canada	☐ Elsewhere
Breeder:			
Sire:	Dam:		
OWNER(S) & AGENT INFORMA	ATION		
Registered Owner(s):		Membership No.	
		Membership No.	
Handler:			
Owner's Address:			
Street A	ddress City	Province	Postal Code
Name of Agent (if any): Agent's Address:			
Street Ac	ddress City	Province	Postal Code
I CERTIFY that I am the registered owner entered above and accept full responsib of The Canadian Kennel Club and by any	lity for all statements made in this ent	ry, I (we) agree to be bound by the ru	
		()	
Signature of Owner or Agent		Telephone Number	