OFFICE USE		OFFICIA A Urb J	t	AL		EL CLUB	OFFICE USE				
ALL ENTRIES MUST BE SUBMITTED BY MAIL		NO FAX, ENTRIES	NO FAX, COURIER OR EMAIL ENTRIES ACCEPTED				LIMITED ENTRIES				
ENTRY FEES \$		LISTING	LISTING FEES \$				TOTAL \$				
PLEASE TYPE O	R PRINT CLEAF	RLY									
							N	IALE	FEMALE		
CLASS ENTERED	) (choose one):		UTD		UT	DX					
June 23, 2012		June 24, 2	June 24, 2012			1			Dog's Call Name		
UTD	UTD		UTD								
UTDX	UTDX		UTDX								
REG. NAME OF D	OG										
CHECK ONE AND				DATE	OF BIRTI	H					
CKC REG. N		CKC ERN LISTED	_ CKC ERN NO///////			/ nth Year					
					PLAC	LACE OF BIRTH CANADAELSEWHERE					
BREEDER(S)											
SIRE											
DAM											
REG'D OWNER(S	i)										
OWNER'S ADDR	ESS										
CITY					PR	20V./5	TATE	POS	TAL CODE		
NAME OF OWNE (IF ANY) AT THE								1.00			
AGENT'S ADDRE	SS										
CITY					PR	ov./s	TATE	POS	TAL CODE		
MAIL ID TO:		OWNER	AGENT								
I CERTIFY that I a name(s) I have er of the acceptance and by any additi	ntered above an	d accept full (we) agree to	responsibility for be bound by the	or all state e rules a	ements r nd regul	nade	in this	entry. Ir	on consideration		
SIGNATURE OF OWNER OR AGENT					TE						
E-MAIL ADDRES											

OFFICE USE			OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM Alberta Kennel Club Urban Tracking Test June 23 & 24, 2012			t	ALBERTA KENNEL CLUB			OFFICE USE	
ALL ENTRIES MUST BE SUBMITTED BY MAIL			NO FAX, COURIER OR EMAIL ENTRIES ACCEPTED								
ENTRY FEES \$			LISTING FEES \$			TOTAL \$					
PLEASE TYPE O BREED	R PRINT C	LEARL	Ŷ								
								I	MALE	FEMALE	
CLASS ENTERED (choose one):			UTD			ι					
June 23, 2012			June 24, 2012						Dog's	Call Name	
UTD			UTD								
UTDX	UTDX			UTDX							
REG. NAME OF D	DOG										
CHECK ONE AND		UMBER	HERE		DATE C	OF BIR	TH				
CKC REG. N CKC MISC.			CKC ERN	NO.	/ Day	Month	/ Yea	r			
NUMBER:						PLACE OF BIRTH CANADA ELSEWHERE					
BREEDER(S)											
SIRE											
DAM											
REG'D OWNER(S	5)										
OWNER'S ADDR	ESS										
CITY						F	PROV./STATE POS			STAL CODE	
NAME OF OWNE (IF ANY) AT THE		Т									
AGENT'S ADDRE	SS								- T-		
CITY				[		F	PROV./S	STATE	PO	STAL CODE	
MAIL ID TO: I CERTIFY that I a name(s) I have er of the acceptance and by any additi	ntered abo	istered ove and a ntry, I (w	accept full e) agree to	responsibility for be bound by the	or all state ne rules a	ements nd reg	s made	in this	entry.	In consideration	
SIGNATURE OF OWNER OR AGENT					Ī	TELEPHONE NUMBER					
E-MAIL ADDRES	S:					•					