

## OFFICIAL CKC ENTRY FORMF SCOTIA SPRINGER CLUB

October 21 – 22, 2023 Cheverie, Nova Scotia		
EVENT INFORMATION	NAME:	
FEES: Entry Fee \$ TCN Fee \$ Total Enclosed STAKES ENTERED		
October 21 October 22	ADDRESS:	
Open Stake - \$160.00 Amateur Stake - \$160.00		
Limit Stake - \$50.00 Limit Stake - \$50.00		
TCN Fees - \$11.50TCN Fees - \$11.50	PROV./STATE: PC/ZIP	TFI:( )
DOG INFORMATION This is to certify that this dog IS / IS NOT qualified for a limit stake.	1 NOV./ STATE 1 G/211	
	e-mail:	
Registered Name of Dog: Call Name:	Saturday, October 21, 2023	
Breed: Male Female	Open Stake: #Dogs:	x \$160.00 CDN:
CKC Registration # CKC Miscellaneous # NUMBER:		
CVC FDN II	Limit Stake: #Dogs:	_ x \$50.00 CDN:
CKC ERN # CKC TCN #	TCN Fees: #Dogs:	x \$11.50 CDN:
Date of Birth: / /		
Day Month Year Place of Birth Canada Elsewhere	Sunday, October 22, 2023	
BREEDER(S)	Amateur Stake: #Dogs:	_ x \$160.00 CDN:
	Limit Stake: #Dogs:	_ x \$50.00 CDN:
SIRE	TCN Fees: #Dogs:	x \$11.50 CDN:
DAM	·	
REG'D OWNER OR Lessee		
NEO D OWNER ON LESSES		
OWNER'S ADDRESS or Lessee	Patron List:	\$10.00 CDN
Owner's CKC number		TOTAL \$
Owner 3 Orto Humber		<u> </u>
Name of Handler		
	THANK YOU FOR YOUR SUPPORT	
I CERTIFY that I am the registered owner(s) of this dog, or that I am the duly authorized agent of the registered owner(s)	Please make cheques payable to the Scotia Springer Club	
whose name(s) I have entered above and accept full responsibility for all statements made in this entry. In consideration of acceptance of this entry, I (we) agree to abide by all the rules of the Canadian Kennel Club and the Standard		and a contract of the contract
Procedures governing this Field Trial and any directions made in accord with them, and I further agree that the dog is entered in and will be at this trial at my own risk and that I will hold the trial-giving club, its members and agents free	Signature:	
from liability for any claims arising out of the entry of the dog or its presence at the trial.		
Signature of Owner or Agent Telephone Number		
E-mail address		

PAYMENT FORM -PLEASE COMPLETE THIS FORM AND RETURN IT WITH

YOUR ENTRY FORM AND PAYMENT IN FULL PRIOR TO THE CLOSING DATE