



OFFICIAL CANADIAN KENNEL CLUB
ENTRY FORM
Alberta Lure Coursing Association
Saturday and Sunday October 16-17, 2021
Chase Ability Program (CAP)



I enclose \$ _____ Entry Fees \$ _____ Listing Fees \$ _____

PLEASE TYPE OR PRINT CLEARLY

BREED

___ MALE ___ FEMALE

ENTER IN THE FOLLOWING EVENTS

Saturday CAP 1 ___ CAP 2 ___ Post Entry Fee _____ 300 yd – dogs under 12 inches & brachycephalic breeds

Sunday CAP 1 ___ CAP 2 ___ Post Entry Fee _____ 600 yd – all other dogs

If there is a question on which course a dog shall run judge will decide.

REG. NAME OF DOG

CALL NAME

CHECK ONE –AND- ENTER NUMBER HERE

DATE OF BIRTH DAY ___ /Month ___ /Yr ___

___ CKC REG. NO.
___ CKC MISC. CERT. NO.
___ CKC PEN NO.

___ CKC ERN NO
___ CKC CCN NO..
___ TCN

PLACE OF BIRTH ___ CANADA ___ ELSEWHERE

BREEDER(S)

SIRE

DAM

REG'D OWNER(S)

OWNER'S ADDRESS

CITY

PROV./STATE

POSTAL CODE

NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW

AGENT'S ADDRESS

CITY

PROV./STATE

POSTAL CODE

IDs will not be mailed – please supply email address below for entry confirmation

___ VISA ___ MASTERCARD ___ AMERICAN EXPRESS

CARD NO. _____

EXPIRY ___ / ___

CARDHOLDER NAME (PLEASE PRINT)

I CERTIFY that I am the registered owner(s) of the dog or that I am the authorized agent of the owner(s) whose name(s) I have entered above and accept full responsibility for all statements made in this entry. In consideration of the acceptance of 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 _____

Email _____

Telephone Number _____