



**OFFICIAL CANADIAN KENNEL CLUB FORM
EAST COAST SIGHTHOUND ASSOCIATION
CHASE ABILITY PROGRAM ENTRY FORM**

Mail to: Melissa Richards, 17 Muriel Avenue, Dartmouth, NS B2W 2E4
(info@seaswiftwhippets.com)

Chase Ability Tests: Sunday, November 1, 2020:
 Test 1 Test 2

Tests will run concurrently (back to back). For each day, indicate your preference for morning or afternoon runs (there is no guarantee of getting the time block you select):
Sunday, November 1, 2020: am pm

PLEASE NOTE: THE WAIVER IN THIS PREMIUM LIST MUST ACCOMPANY YOUR ENTRIES OR THEY WILL NOT BE ACCEPTED

ENTRY FEES \$_____ TCN FEES \$_____ TOTAL \$_____

CLASS: Dogs 12" & under and/or Brachycephalic Dogs Dogs over 12"

Reg Name of Dog: _____

Call Name: _____

Breed: _____ Male Female

CKC Reg No. _____

CKC ERN/PEN _____

CKC Misc Cert No. _____

CKC CCN _____

CKC TCN _____

Date of Birth: _____ Place of Birth: Canada Elsewhere

Breeder(s): _____

Sire: _____

Dam: _____

Reg'd Owner(s): _____

Owner's Address: _____
City: _____ Province: _____ Postal Code: _____
CKC Member No.: _____ Telephone No.: _____
Email Address: _____

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**