

OFFICE USE	 <p>OFFICIAL CKC ENTRY FORM</p> <p><b>FOOTHILLS GAZE HOUND CLUB</b>  <b>LURE FIELD TRIAL ENTRY FORM</b></p> <p>Saturday <input type="checkbox"/> Sunday <input type="checkbox"/></p>	OFFICE USE
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I ENCLOSE \$ _____	ENTRY FEES \$ _____	LISTING FEES \$ _____
<i>PLEASE TYPE OR PRINT CLEARLY</i>		

ENTER IN THE FOLLOWING CLASSES:  
 \_\_\_\_\_ OPEN    \_\_\_\_\_ SINGLE    \_\_\_\_\_ PUPPY    \_\_\_\_\_ VETERAN

Is this the hound's first trial in Canada? \_\_\_\_\_ Hound Certification Form must be attached.

BREED: _____	Call Name _____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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<b>Registered Name</b>	
Check one and enter number here: <input type="checkbox"/> CKC Registration No. <input type="checkbox"/> Listed <input type="checkbox"/> CKC ERN or PEN No. <input type="checkbox"/> Foreign Reg. No. & Country <input type="checkbox"/> CKC Misc. Cert. No.    _____	Owner's CKC Membership No. _____

DATE OF BIRTH _____ / _____ / _____ <i>Day    Month    Year</i>	PLACE OF BIRTH CANADA _____ ELSEWHERE _____	Please separate my hounds _____
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BREEDER

SIRE

DAM

REG'D OWNER

OWNER ADDRESS

OWNER'S AGENT(IF ANY) AT THE TRIAL:

AGENT'S 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. I CERTIFY that one of the owners has the CKC membership number listed above. 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	E-mail:	Phone:
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