



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

2019 REGIONAL SPECIALTY

ATLANTIC LABRADOR RETRIEVER CLUB

WORKING CERTIFICATE TEST

EVENT INFORMATION

Fees: Entry Fee \$ _____ Listing Fee \$ _____ Total Enclosed \$ _____

TEST ENTERED:

- WC
- WCI
- WCX

DOG INFORMATION

Registered Name of Dog: _____

Call Name: _____

Breed: _____ Variety _____ Male Female

CKC Registration # CKC Miscellaneous #

CKC ERN # Listed

CKC PEN #

Insert Number Here: _____

Date of Birth: _____ dd mm yy

Place of Birth: Canada Elsewhere

Breeder: _____

Sire: _____

Dam: _____

OWNER(S) & AGENT INFORMATION

Registered Owner(s): _____ Membership No. _____

_____ Membership No. _____

_____ Membership No. _____

Handler: _____

Owner's Address: _____

Name of Agent (if any): _____

Agent's Address: _____

Street Address

City

Prov.

Postal Code

I CERTIFY that I am the registered owner(s) of the dog or that I am the authorized agent of the actual owner(s) whose name(s) I have entered above and accepted 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 () Telephone Number Email