



OFFICIAL CANADIAN KENNEL CLUB FORM



CHASE ABILITY

FOOTHILLS GAZEHOUND CLUB

Saturday 1 2 Sunday 1 2

I Enclose \$_____ for Entry Fees \$_____ TCN Fees \$_____

PLEASE TYPE OR PRINT CLEARLY

Breed: _____ Call Name: _____ 300 600

Registered
Name of Dog: _____

Check one and enter number

- CKC Reg. # _____ Date of Birth _____
- CKC ERN or PEN # _____ D ___ M ___ Y _____
- CKC MCN # _____ Place of Birth _____
- CKC CCN # _____ Canada Elsewhere
- TCN # _____ **Separate My Entries**

Breeder(s) _____

Sire _____

Dam _____

Reg'd Owner(s) _____

Owner's Address _____

City _____ Prov _____ PC _____

Name of Owner's Agent (if any) at the Trial _____

Agent's Address _____

City _____ Prov _____ PC _____

Owner's CKC Membership # _____

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 in the premium list.

SIGNATURE OF OWNER OR AGENT

TELEPHONE NO.

E-MAIL ADDRESS: _____