OFFICE USE



# OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

OFFICE USE

## Alberta Kennel Club Tracking Test June 18 & 19, 2011

ALL ENTRIES MUST BE SUBMITTED BY MAIL		NO FAX, COURIER OR EMAIL ENTRIES ACCEPTED	LIMITED ENTRIES		
ENTRY FEES \$		LISTING FEES \$	TOTAL \$		

SUBMITTED BY MAIL	ENTRIES	ENTRIES ACCEPTED						
ENTRY FEES \$	LISTING	LISTING FEES \$		тот	TOTAL \$			
PLEASE TYPE OR PRINT CLEARLY								
BREED					MA	ALE FEMALE		
CLASS ENTERED (choose on		UTD		UTDX				
June 18, 2011	June 19, 20	011				Dog's Call Name		
UTD	UTD							
UTDX	UTDX							
REG. NAME OF DOG								
CHECK ONE AND ENTER NU	MBFR HFRF	1 г	DATE OF BI	RTH				
CKC REG. NO. CKC MISC. CERT. NO.	CKC ERN LISTED	NO.		_/	- r			
NUMBER:	·	,	PL	ACE OF _CANA	BIRTH	ELSEWHERE		
BREEDER(S)								
SIRE								
DAM								
REG'D OWNER(S)								
OWNER'S ADDRESS								
CITY				PROV./S	STATE	POSTAL CODE		
NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW								
AGENT'S ADDRESS								
CITY		T		PROV./S	STATE	POSTAL CODE		
MAIL ID TO:	OWNER	AGENT						
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.								
	<del>-</del>							
SIGNATURE OF OWNER OR AGENT E-MAIL ADDRESS:				TELEPHONE NUMBER				

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### Alberta Kennel Club **Tracking Test**

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ALBE	RTA KENI	NEL CLUB

	May day 100	J	June 18 & 19, 2011						
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ENTRY FEES \$		LISTING	LISTING FEES \$		_ тот	TOTAL \$			
PLEASE TYPE O	R PRINT CLE	ARLY			•				
BREED						M	ALE _	_FEMALE	
CLASS ENTERED	Choose one	e): 	UTD		UTDX				
June 18, 2011		June 19, 20	D11				Dog's C	all Name	
UTD		UTD							
UTDX		UTDX							
REG. NAME OF D	OOG								
CHECK ONE AND	ENTER NUM	IBER HERE	I	OATE OF	BIRTH				
CKC REG. N		CKC ERN LISTED	_	Day M	onth Ye	ar			
NUMBER:					PLACE OF		ELS	SEWHERE	
BREEDER(S)									
SIRE									
DAM									
REG'D OWNER(S	S)								
OWNER'S ADDR	ESS								
CITY					DROV	STATE	BOS	TAL CODE	
NAME OF OWNE					T FROV.	JIAIL	1 103	TAL CODE	
AGENT'S ADDRE									
CITY					PROV.	STATE	POS	TAL CODE	
MAIL ID TO:	_	OWNER	AGENT						
name(s) I have en	ntered above a	and accept full , I (we) agree to	f the dog or that I a responsibility for a be bound by the r ppearing in the pre	II statem ules and	ents made regulation	in this e	entry. In	consideration	
				_	l				
SIGNATURE OF C		GENT			TELEP	HONE N	JMBER		