



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

**Mail to:** Melissa Richards, 17 Muriel Avenue, Dartmouth, NS B2W 2E4  
(seaswift.whippets@gmail.com)

**Chase Ability Program Tests:** Saturday, October 16, 2021:

Test 1  Test 2

Sunday, October 17, 2021:

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):**

Saturday, October 16, 2021:  am  pm

Sunday, October 17, 2021:  am  pm

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

ENTRY FEES \$\_\_\_\_\_ TCN FEES \$\_\_\_\_\_ TOTAL \$\_\_\_\_\_

Entry fees per dog per test.....\$20.00

Entry fees per 2<sup>nd</sup> and subsequent dogs (same household) per test.....\$18.00

TCN fees per dog per test.....\$11.50

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**