



**OFFICIAL CKC ENTRY FORM**  
**Wild Rose Hunting Retriever Club**  
 July 6 & 7, 2019                      Irricana, AB

**EVENT INFORMATION**

FEES: Entry Fee \$ \_\_\_\_\_ Listing Fee \$ \_\_\_\_\_ Total Enclosed \_\_\_\_\_

**TESTS ENTERED**

**July 6, 2019**

\_\_\_ Junior Hunt Test  
 \_\_\_ Senior Hunt Test  
 \_\_\_ Master Hunt Test  
 \_\_\_ Listing Fees -

**July 7, 2019**

\_\_\_ Junior Hunt Test  
 \_\_\_ Senior Hunt Test  
 \_\_\_ Master Hunt Test  
 \_\_\_ Listing Fees -

**OG INFORMATION**

Registered Name of Dog: \_\_\_\_\_ Call Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

CKC Registration # \_\_\_\_\_

**NUMBER:**

CKC ERN # \_\_\_\_\_ Listed \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place of Birth Canada \_\_\_\_\_ Elsewhere \_\_\_\_\_  
Day                      Month                      Year

**BREEDER(S)**

**SIRE**

**DAM**

**REG'D OWNER OR Lessee**

**OWNER'S ADDRESS or Lessee**

**Name of Handler**

CREDIT CARD ENTRIES ONLY           VISA           MASTERCARD           AMERICAN EXPRESS

CARD NO. \_\_\_\_\_ EXPIRY DATE \_\_\_\_\_ / \_\_\_\_\_

**CARDHOLDER NAME (PLEASE PRINT)**

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 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 of Owner or Agent

\_\_\_\_\_  
 Telephone Number

**E-mail address** \_\_\_\_\_



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**July 7, 2019**

\_\_\_ Junior Hunt Test  
 \_\_\_ Senior Hunt Test  
 \_\_\_ Master Hunt Test  
 \_\_\_ Listing Fees -

**DOG INFORMATION**

Registered Name of Dog: \_\_\_\_\_ Call Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

CKC Registration # \_\_\_\_\_

**NUMBER:**

CKC ERN # \_\_\_\_\_ Listed \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place of Birth Canada \_\_\_\_\_ Elsewhere \_\_\_\_\_  
Day                      Month                      Year

**BREEDER(S)**

**SIRE**

**DAM**

**REG'D OWNER OR Lessee**

**OWNER'S ADDRESS or Lessee**

**Name of Handler**

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