OFFICE USE



## OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM



OFFICE USE

## Urb

Alberta Kennel Club
ban Tracking Test
otember 26 <sup>th</sup> , 2015

		Septembe	September 26", 2015						
ALL ENTRIES M SUBMITTED BY I			NO FAX, COURIER OR EMAIL ENTRIES ACCEPTED			LIMITED ENTRIES			
ENTRY FEES \$_		LISTING FEES \$	LISTING FEES \$			TOTAL \$			
PLEASE TYPE O	R PRINT CLEA	RLY			•				
BREED						M	ALE _	_ FEMALE	
CLASS ENTERE	D (choose one)	:							
UTD		UTDX	(				Dog's C	all Name	
REG. NAME OF D	OOG								
CHECK ONE AND				OATE OF	BIRTH				
CKC REG. N		CKC ERN NO. LISTED	Ī	Day Mo	onth / Yea	 ar			
	<u>'</u>				PLACE OF BIRTH  CANADA ELSEWHERE				
NUMBER:					CANA	_	ELG	EWHERE	
BREEDER(S) SIRE									
DAM									
REG'D OWNER(S	S)								
OWNER'S ADDR	ESS								
CITY					PROV.	STATE	POS	TAL CODE	
NAME OF OWNE (IF ANY) AT THE									
AGENT'S ADDRE	ss								
CITY					PROV.	STATE	POS	TAL CODE	
MAIL ID TO:			ow	/NER	_	AGENT			
name(s) I have en	ntered above a e of this entry,	ed owner(s) of the dog nd accept full responsit I (we) agree to be boun- regulations appearing	bility for a	ıll statem ules and	ents made regulation	in this e	ntry. In	consideration	
CICNATURE OF	OWNED OF AC	STAIT		_	TELES	HONE AT	MDEE		
SIGNATURE OF (		DEN I			IELEP	HONE NU	MBEK		

OFFICE USE



## OFFICIAL CANADIAN KENNEL CLUB

OFFICE USE

		Alberta Kennel Club Urban Tracking Test September 26 <sup>th</sup> , 2015			ALBERTA KEN	INEL CLUB			
ALL ENTRIES MI SUBMITTED BY M		NO FAX, COURIER ENTRIES ACCEPT	R OR EMA	IL	LIMITED ENTRIES				
ENTRY FEES \$		LISTING FEES \$			TOTAL \$				
PLEASE TYPE OF BREED	R PRINT CLEAR	RLY				MALE _	_ FEMALE		
CLASS ENTERED	) (choose one):								
UTD		UTDX	(			Dog's C	log's Call Name		
REG. NAME OF D	OOG								
CHECK ONE AND	ENTER NUMB	ER HERE	0	ATE OF B	IRTH				
CKC REG. N		CKC ERN NO. LISTED	ERN NO. , ,						
NUMBER:  PLACE OF BIRTH CANADA ELSEWHERE							SEWHERE		
BREEDER(S) SIRE DAM									
REG'D OWNER(S	i)								
OWNER'S ADDRE	ESS								
NAME OF OWNE		PROV./STATE	POS	TAL CODE					
AGENT'S ADDRE						•			
CITY					PROV./STATE	POS	TAL CODE		
MAIL ID TO:	OWNER				AGENT				
name(s) I have en	ntered above an	d owner(s) of the dog d accept full responsil (we) agree to be boun regulations appearing	bility for a	ll statemer	nts made in this	entry. Ir	consideration		
SIGNATURE OF O	OWNER OR AGE	ENT		-	TELEPHONE	NUMBER			
E-MAIL ADDRESS									