



# OFFICIAL CANADIAN KENNEL CLUB FORM

EAST COAST SIGHTHOUND ASSOCIATION

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17 Muriel Avenue, Dartmouth, NS B2W 2E4

## CHASE ABILITY PROGRAM

Sunday Sept 27, 2020

Event 1 (a.m.)  Event 2 (a.m.)\*

Event 1 (p.m.)  Event 2 (p.m.)\*

*\*You may enter only a.m. **OR** p.m. tests, not a combination of the two, for any given dog*

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

ENTRY FEES \$ \_\_\_\_\_ LISTING FEES \$ \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

### CLASS:

- Dogs 12" and Shorter and/or Brachycephalic Dogs  
 Dogs over 12"

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

Call Name: \_\_\_\_\_

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

CKC Reg No \_\_\_\_\_

CKC ERN/PEN No \_\_\_\_\_

CKC Misc Cert No \_\_\_\_\_

CKC CCN No \_\_\_\_\_

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.:** \_\_\_\_\_ **Phone 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**