



OFFICIAL CKC ENTRY FORM
REGINA RETRIEVER CLUB

Working Certificate

August 28 & 29, 2021 Pilot Butte, SK

EVENT INFORMATION

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

STAKES ENTERED

Aug. 28, 2021

___ Working Certificate - \$35.00
___ Working Certificate, I - \$40.00
___ Working Certificate, X - \$45.00
___ TCN Fees - \$10.50

Aug. 29, 2021

___ Working Certificate - \$35.00
___ Working Certificate, I - \$40.00
___ Working Certificate, X - \$45.00
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___ Working Certificate, I - \$40.00
___ Working Certificate, X - \$45.00
___ TCN Fees - \$10.50

G INFORMATION

Registered Name of Dog: _____ Call Name: _____

Breed: _____ Male _____ Female _____

CKC Registration # _____

NUMBER:

CKC ERN # _____ TCN # _____

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 _____

DOG INFORMATION

Registered Name of Dog: _____ Call Name: _____

Breed: _____ Male _____ Female _____

CKC Registration # _____

NUMBER:

CKC ERN # _____ TCN # _____

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 _____