



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM
ALBERTA CLIPPER HUNTING RETRIEVER ASSOCIATION

HUNT TESTS

Saturday, August 22 & Sunday, August 23, 2020

Closing: Tuesday, August 11th, 2020

Enter Classes/Dates in Fields Below

EVENT INFORMATION

FEES: Entry Fee \$ _____ TCN Fee \$ _____ Total Enclosed \$ _____
TEST ENTERED: Saturday August 22, 2020 Sunday August 23, 2020
 JH SH MH JH SH MH

DOG INFORMATION

Registered Name of Dog: _____
 Breed: _____ Variety: _____ Male Female
 CKC Registration # CKC Miscellaneous #
 CKC ERN #
 Listed
 CKC PEN # Insert Number Here: _____

dd mm yy

Date of Birth: _____ Place Of Birth: Canada Elsewhere
 Breeder: _____
 Sire: _____ Dam: _____

OWNER(S) & AGENT INFORMATION

Registered Owner(s): _____ Membership No. _____
 _____ Membership No. _____
 _____ Membership No. _____
 Handler: _____

Owner's Address: _____
Street Address City Province Postal Code

Name of Agent (if any): _____
 Agent's Address: _____
Street Address City Province Postal Code

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, 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

 Email



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