



CANADIAN KENNEL CLUB OFFICIAL ENTRY FORM (Field Dog Test)

Name of Club: _____

EVENT INFORMATION

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

TEST ENTERED:

DATE (Test 1) DATE (Test 2) DATE (Test 3) DATE (Test 4)

- | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> FDJ | <input type="checkbox"/> FDJ | <input type="checkbox"/> FDJ | <input type="checkbox"/> FDJ |
| <input type="checkbox"/> FD | <input type="checkbox"/> FD | <input type="checkbox"/> FD | <input type="checkbox"/> FD |
| <input type="checkbox"/> FDA | <input type="checkbox"/> FDA | <input type="checkbox"/> FDA | <input type="checkbox"/> FDA |
| <input type="checkbox"/> FDX | <input type="checkbox"/> FDX | <input type="checkbox"/> FDX | <input type="checkbox"/> FDX |

DOG INFORMATION

Registered Name of Dog: _____ Call Name: _____

Breed: _____ Male Female

- | | | |
|---|---|---------------------------|
| <input type="checkbox"/> CKC Registration # | <input type="checkbox"/> CKC Miscellaneous # | Insert Number Here: _____ |
| <input type="checkbox"/> CKC ERN # | <input type="checkbox"/> Temporary Competition Number (TCN) | |
| <input type="checkbox"/> CKC PEN # | | |

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. _____

Owner's Address: _____

Handler/Agent (if any): _____

Handler/Agent's Address: _____
 Street Address City Prov. 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. 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 Email



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| <input type="checkbox"/> FDA | <input type="checkbox"/> FDA | <input type="checkbox"/> FDA | <input type="checkbox"/> FDA |
| <input type="checkbox"/> FDX | <input type="checkbox"/> FDX | <input type="checkbox"/> FDX | <input type="checkbox"/> FDX |

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