



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM
ALL BREED AGILITY TRIAL
GOLDEN RETRIEVER CLUB OF CANADA / GOLDEN RETRIEVER CLUB OF ALBERTA

Mail Entries to: Erin Verwey, 27 Legacy Circle SE Calgary, AB T2X 0W 8
Make cheques payable to: **Wet Noses Inc.**

Thursday July 30, 2015
Closing Date July 29, 2015 or when limit is reached

Entry Fees \$ _____ + Listing Fees \$ _____ + Pre-paid Catalogue (\$2) \$ _____ = **TOTAL \$** _____

COMPLETE BY TYPING IN FORM

CLASS	LEVEL (Please Check Off)				TRIAL (Please Check Off)			
STANDARD	NOVICE	INTERMEDIATE	EXCELLENT	MASTER EXCELLENT	GRCC 1	GRCC 2	GRCA 3	
JUMPERS WITH WEAVES	NOVICE	INTERMEDIATE	EXCELLENT	MASTER EXCELLENT	GRCC 1	GRCC 2	GRCA 3	
POINTS AND DISTANCE	NOVICE	INTERMEDIATE	EXCELLENT	MASTER EXCELLENT			GRCA 3	
STEEPLECHASE							GRCA 3	
DIVISION – SELECT ONE		Jump Height			DOG'S HEIGHT AT WITHERS			
<input type="checkbox"/> Regular <input type="checkbox"/> Select <input type="checkbox"/> Veterans		4" 8" 12" 16" 20" 24" (Select the Height your Dog will Jump at Trial)						
BREED					VARIETY			SEX Male Female
Reg. Name of Dog (CKC Titles ONLY please)								
Check one: <input type="checkbox"/> CKC Reg. No. <input type="checkbox"/> CKC ERN No. <input type="checkbox"/> CKC Misc. Cert. No. <input type="checkbox"/> CKC PEN. No. <input type="checkbox"/> CKC Companion Number <input type="checkbox"/> Listed (no CKC No.) Enter Number: _____			DOB ____/____/____ Day Month Year			Call Name _____		
					PLACE OF BIRTH - CANADA ELSEWHERE			
BREEDER(S)								
SIRE								
DAM								
REG. OWNER(S)								
HANDLER'S NAME								
OWNER(S) ADDRESS			City	Prov.	Postal Code:			
Telephone Number					CKC Membership #			
Email Address to send confirmation to								

DOG HANDLED BY SOMEONE OTHER THAN THE OWNER:

Name of Owner's Agent (Handler) at the Trial			
Agent/Handler Address	City	Prov.	Postal Code
Agent/Handler email address	Phone number		