

Agent/Handler email address

OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM ALL BREED AGILITY TRIAL

Alberta Kennel Club

Mail Entries to: Erin Verwey, 27 Legacy Circle SE Calgary, AB T2X 0W8

Make cheques payable to: Alberta Kennel Club



Friday July 31 – Monday August 3, 2015 Closing Date – July 27, 2015 or when limit is reached

Entry Fees \$ + Listing Fees \$ PLEASE PRINT OR TYPE CLEARLY						+ Pre-paid Catalogue (\$2) \$ = TOTAL \$							
CLASS	LEVEL (Please Circle)					TRIAL (Please Circle)							
STANDARD	NOV INTERM EXC			MASTER EXC	FRI #1	FRI #2	SAT#3	SAT#4	SUN#5	SUN#6	MON#7	MON#8	
JUMPERS WITH	_			WACTER EXC									
WEAVES POINTS AND	NOV	INTERM	EXC	MASTER EXC	FRI #1	FRI #2	SAT#3	SAT#4	SUN#5	SUN#6	MON#7	MON#8	
DISTANCE	NOV	INTERM	EXC	MASTER EXC	FRI #1		SAT#4		SUN#5		MON#8		
STEEPLECHASE						FRI #2		SAT#3		SUN#6		MON#7	
DIVISION - SELECT OF	Jump Height D	DOG'S HEIGHT AT											
☐ Regular				4" 8" 12" 16" 20" 24"					WITHERS				
☐ Select				4" 8" 12	2" 16'	20"	24"						
☐ Veterans													
BREED	1			VARIET	Υ ΄			SEX					
								■ Male					
											☐ Fema	le	
Reg. Name of Dog (CKC Titles ONLY please)													
Check one & Enter CKC Number: Call Name													
☐ CKC Reg. No.													
☐ CKC ERN No. ☐ CKC Misc. Cert. No.						DOB/							
□ CKC PEN. No.													
□ CKC Companion Number □ Listed (no CKC No.)													
	,			PLACE OF BIR	TH 🗆	CANADA	□ EL	SEWHER	E				
BREEDER(S)													
SIRE													
DAM													
REG.													
OWNER(S)													
HANDLER'S NAME													
OWNER(S)						Postal							
ADDRESS				City				Prov.		ode:			
Telephone Number						(CKC Mem	bership #					
Email Address to send confirmation to													
AUTHORIZATION & GENERAL AGREEMENT 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 ent	ry. In consi	deration of the	e accepta	nce of this entry, I (v	ve) agree to	abide by th	e rules and	regulations	of the Canad	dian Kennel Cl	ub and by an a	additional	
rules and regulations appea deem to be sufficient. In co													
committee, the organization from any claim for loss or in	which it rep	oresents, inclu	ıding its n	nembers, officers and	d directors,	owners of th	ne premises	upon whic	h the event is	held and their	r employees, h	armless	
grounds, or near any entran	ce thereto,	and I (we) per	rsonally a	ssume all responsibi	lity and liab	ility for any	such claim.	I (we) furth	er agree to h	old the aforem	nentioned parti	es	
harmless from any claim for negligence of the parities af													
negligence of the parities aforementioned, or by the negligence of any other person, or any other cause or causes. I (we) hereby assume the sole responsibility for and agree to indemnify the aforementioned parties harmless from any and all loss and expenses (including legal fees) by reason of the liability imposed by law upon any of the aforementioned parties for damage because of bodily injuries, including death at any time resulting therefrom sustained by any person or persons, including myself (ourselves) or on account of													
damage to property, arising	out of or in	consequence	of my (or	ur) participation in thi	is event, ho	wsoever su	ch injuries, o	death or da	mage to prop				
alleged to have been cause Signature of Owner, Agen			Jennentic	meu partiels or any c	en empl	or ac	enis, or any						
Signature of parent/guardian is required for children under 18 years DOG HANDLED BY SOMEONE OTHER THAN THE OWNER:													
Name of Owner's Ager	nt (Handle	r) at the Tri		IANDLED BT 30	WILDINE	/IIIEK IT	IAN INE	JVINER.					
Agent/Handler Address	•	,		City			ı	Prov.	Po	ostal Code:			

Phone number