



OFFICIAL CANADIAN KENNEL CLUB FORM
BC All Breed Pointer Club
Field Trial - September 19 & 20, 2015

Open Puppy
 Open Derby

Open Shooting Dog
 Amateur Shooting Dog

I Enclose \$ _____ For Entry Fees \$ _____ For Listing Fees \$ _____
Please Type or Print Clearly

Breed _____ Sex _____

Reg. Name _____

Handler _____ Dog's Call Name _____

Check One -and - enter number here <input type="checkbox"/> CKC Reg. No. <input type="checkbox"/> CKC ERN No. <input type="checkbox"/> CKC Misc. Cert. No. <input type="checkbox"/> Listed <input type="checkbox"/> Foreign No. & Country	Date of Birth (D/M/Y)	Is this a puppy? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Place of Birth <input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere	

Breeders(s) _____

Sire _____

Dam _____

Reg'd Owner(s) _____

Owner's Address _____

City _____ Prov. _____ Postal Code _____

Name of Owner's Agent (if any) at the Test _____

Agent's 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 owner(s) whose name(s) I have entered above and accept full responsibility for all statements made on this entry. In consideration of the acceptance of this entry, I 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 NO.

E-mail address: _____



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