OFFICE USE



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

OFFICE USE

	6	~	•	
ALBER	TA KENN	HEL CLUI	3	
	ALBER	ALBERTA KENP	ALBERTA KENNEL CLUI	ALBERTA KENNEL CLUB

		Alberta Kennel Club Urban Tracking Test June 16th, 2013				ALBERTA N	KENNEL CLUB		
		NO FAX, COURIER OR EMAIL ENTRIES ACCEPTED			LIMITED ENTRIES				
ENTRY FEES \$ LISTING FEES \$					TOTAL \$				
PLEASE TYPE OR PRINT CLEARLY BREED MALEFEMALE									
CLASS ENTERED	O (choose one):								
UTD	UTDUTDX				Dog's Call Name				
REG. NAME OF D	OOG								
CHECK ONE AND	ENTER NUMBE	R HERE		DATE O	F BIRT	ГН			
CKC REG. N		_ CKC ERN NO////				/ Year			
NUMBER:				PLA	PLACE OF BIRTHCANADA ELSEWHERE				
BREEDER(S) SIRE									
REG'D OWNER(S)									
OWNER'S ADDRI	ESS								
СІТУ					Р	PROV./STATE		POSTAL CODE	
(IF ANY) AT THE									
AGENT'S ADDRE	ss								
CITY					Р	PROV./STATE		POSTAL CODE	
MAIL ID TO:				OWNER		AGE	NT		
name(s) I have en	ntered above and e of this entry, I (v	owner(s) of the dog accept full responsit we) agree to be bound gulations appearing	oility fo d by th	r all state e rules ar	ments	made in th	is entry	. In consideration	
SIGNATURE OF OWNER OR AGENT					TELEPHONE NUMBER				
E-MAIL ADDRES		41				LLEFHUNI	- NUMB	LN	

OFFICE USE



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

OFFICE USE

	Alberta K Urban Tra June 16	ckina	Test	A	LBERTA KENNEL	CLUB				
ALL ENTRIES MUST BE SUBMITTED BY MAIL	NO FAX, COURIER OR EMAIL ENTRIES ACCEPTED			LIMI	LIMITED ENTRIES					
ENTRY FEES \$	LISTING FEES \$			_ тот	TOTAL \$					
PLEASE TYPE OR PRINT CLEAR	RLY				Ι					
					MA	ALE _	_ FEMALE			
CLASS ENTERED (choose one):										
UTD	UTDX				Dog's Call					
REG. NAME OF DOG										
CHECK ONE AND ENTER NUMB		С	ATE O	BIRTH						
CKC REG. NO. CKC MISC. CERT. NO.	CKC ERN NO. LISTED	$_$ CKC ERN NO. $_$ LISTED $\overline{\hspace{1cm}}$ Day $\overline{\hspace{1cm}}$ Mor			_ ar					
NUMBER:	NUMBER:			PLACE OF BIRTHCANADA ELSEWHERE						
BREEDER(S)										
SIRE										
DAM										
REG'D OWNER(S)										
OWNER'S ADDRESS										
CITY				PROV./	STATE	POS	TAL CODE			
NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW										
AGENT'S ADDRESS				1		1				
CITY				PROV./	STATE	POS	TAL CODE			
MAIL ID TO:		ow			AGENT					
I CERTIFY that I am the registere name(s) I have entered above an of the acceptance of this entry, I and by any additional rules and	d accept full responsit (we) agree to be bound	oility for a	II staten ules and	nents made d regulation	in this e	ntry. In	consideration			
SIGNATURE OF OWNER OR AGENT E-MAIL ADDRESS:					TELEPHONE NUMBER					