



## WASCANA DOG CLUB

OFFICIAL ENTRY FORM

SPRINTER TRIALS

September 6th & 7th, 2025

Drop off on September 6th    Amber Carlson, 2824 Francis St, Regina, SK S4N 2R5

September 6th Event #1: \_\_\_\_\_  
Event #2: \_\_\_\_\_

September 7th Event #3: \_\_\_\_\_  
Event #4: \_\_\_\_\_

Entry fees: Each dog \$20

Total \$: \_\_\_\_\_

Day of Entry \$25

Registered Name of Dog: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Born in: Canada / Elsewhere

Breed: \_\_\_\_\_ Call Name: \_\_\_\_\_

Male/Female: \_\_\_\_\_ Height: \_\_\_\_\_ Lure Required: Y / N

Indicate CKC Registration Type with (X):

_____ CKC #	_____ MCN #	Number: _____
_____ ERN #	_____ CCN #	
_____ PEN #	_____ TCN #	

Class: \_\_\_\_\_ Regular \_\_\_\_\_ Veteran \_\_\_\_\_

Breeder: \_\_\_\_\_

Sire: \_\_\_\_\_

Dam: \_\_\_\_\_

Registered Owner(s): \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Second Handler: \_\_\_\_\_

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 entry. In consideration of this entry, I (we) agree to be bound by the rules and regulations of the CKC and by any additional rules and regulations appearing in the Premium List.

\_\_\_\_\_  
Signature of owner (agent)

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Date

**PLEASE PRINT CLEARLY**

**\*NO ENTRY WILL BE ACCEPTED WITHOUT A SIGNED COPY OF THE WASCANA DOG CLUB WAIVER FORM\***