



OFFICIAL CKC ENTRY FORM  
Regina Retriever Club

August 23 & 24, 2025

Pilot Butte, SK

EVENT INFORMATION

FEES: Entry Fee \$ \_\_\_\_\_ TCN Fee \$ \_\_\_\_\_ Total Enclosed \_\_\_\_\_

TESTS ENTERED

August 23, 2025

\_\_\_ WC \$40.00

\_\_\_ WCI \$45.00

\_\_\_ WCX \$50.00

\_\_\_ TCN Fees - \$11.50

August 24, 2025

\_\_\_ WC \$40.00

\_\_\_ WCI \$45.00

\_\_\_ WCX \$50.00

\_\_\_ TCN Fees - \$11.50

DOG INFORMATION

Registered Name of Dog: \_\_\_\_\_ Call Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

CKC Registration # \_\_\_\_\_

NUMBER:

CKC ERN # \_\_\_\_\_ TCN # \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

Place of Birth Canada \_\_\_\_\_ Elsewhere \_\_\_\_\_

BREEDER(S)

SIRE

DAM

REG'D OWNER OR Lessee

OWNER'S ADDRESS or Lessee

Name of Handler

CREDIT CARD ENTRIES ONLY \_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_

CARD NO. \_\_\_\_\_ EXPIRY DATE \_\_\_\_\_ / \_\_\_\_\_

CARDHOLDER NAME (PLEASE PRINT)

I CERTIFY that I am the registered owner(s) of the dog or that I am the authorized agent of the actual owner(s) whose name(s) I have entered above and accept full responsibility for all statements made in this entry. In consideration of the acceptance of this entry, I (we) 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 Number

E-mail address \_\_\_\_\_



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