CANADIAN KENNEL CLUB

OFFICIAL ENTRY FORM

(Scent Detection)

Manitoba Canine Association

EVENT INFORMATION

FEES: **Entry Fee** $ _____ **TCN** $ _____ **Total Enclosed** $ _____

Date of Test(s): _____

DOG INFORMATION

Registered Name of Dog: _____

Breed: _____ Call Name: _____

Class: ☐ Instinct ☐ Novice ☐ Open ☐ Excellent ☐ Master

Division: Small (less than 13 inches)
Medium (13 inches to less than 20 inches)
Large (20 inches and above)

☐ CKC Registration #
☐ CKC ERN #
☐ CKC PEN #
☐ CKC Miscellaneous #
☐ TCN
☐ CCN

Insert Number Here: _____

Date of Birth: _____ (dd mm yy) Place of Birth: ☐ Canada ☐ Elsewhere

Breeder: _____

Sire: _____

Dam: _____

OWNER(S) & AGENT INFORMATION

Registered Owner(s): _____ Membership No. _____
_____ Membership No. _____
_____ Membership No. _____

Owner's Address: _____

Name of Agent (if any) : _____

Agent's Address: _____ _____ _____ _____
Street 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 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 Email