



WASCANA DOG CLUB

OFFICIAL ENTRY FORM

SPRINTER TRIALS

August 9th & 10th, 2025

Drop off entries to: Amber Carlson, 2824 Francis St, Regina, SK S4N 2R5

August 9th Event #1: _____
Event #2: _____

August 10th 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 #
_____ ERN # _____ CCN # Number: _____
_____ 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