

OFFICIAL ENTRY FORM (Agility)

HALIFAX KENNEL CLUB Sept 2 and 3 2017

All Breed Agility Trials ~4 Standards and 4 JWW Runs Venue: East Hants Sportsplex ,1076 Hwy #2 Lantz NS Limited Entry \$22.00 per Run

PLEASE COMPLETE ONE ENTRY PER DOG

Entry Fee \$	Listing F	ee \$	Total Enclosed \$						
Trial 2 Standard 1 _	Stand Excellent	-			1JWW 2 □ Excellent				
□ Regular	Dog's Height Jump Height								
Class: Selected Veteran			_	4" 8"		12" 16"		20 24	- 1
Registered Name of Dog:	egistered Name of Dog: Call Name:								
Breed:							М		F
☐ CKC Registration #☐ CKC ERN #☐ CKC PEN #	□ С	☐ CKC Misc #							
DOB:// 	Place of Birth: Canada Elsewhere					ere			
Breeder:									
Sire:									
Dam:									
Registered Owner(s):									
Owner's Address:		I			1				
City	Prov PC								
Name of Agent (if Any)									
Address of Agent									
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 the 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:									



OFFICIAL ENTRY FORM (Agility)

HALIFAX KENNEL CLUB Sept 2 and 3 2017

All Breed Agility Trials~ 4 Standards and 4 JWW Runs Venue: East Hants Sportsplex ,1076 Hwy #2 Lantz NS Limited Entry \$22.00 per Run

PLEASE COMPLETE ONE ENTRY PER DOG

Entry Fee \$	Listing Fee \$	closed \$			
Trial 2 Standard 1 Sta		al 2 JWV Novice	/ 1JWW 2 V 1JWW 2 □ Excellent □ Master Ex		
☐ Regular ☐ Class: ☐ Selected ☐ Veteran ☐		Jum □ 4" □ □ 8" □	np Height 12"		
Registered Name of Dog:	Call Name:				
Breed:			□ M □ F		
☐ CKC Registration # ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	CKC CCN # CKC Misc # Listed Place of Birth:	Insert # here:	□ Elsewhere		
Breeder:					
Sire:					
Dam:					
Registered Owner(s):					
Owner's Address:					
City	Prov PC				
Name of Agent (if Any)		1			
Address of Agent I CERTIFY that I am the registered ow owner(s) whose name(s) I have enter in the entry. In consideration of the accregulations of the Canadian Kennel Cl premium list.	ed above and accep ceptance of this entry	t full responsibility /, I (we) agree to b	for all statements made e bound by the rules and		
Signature of Owner or Agent Tel) ephone Number	Email			