OFFICIAL CKC ENTRY FORMF	PAYMENT FORM -PLEASE COMPLETE THIS FORM AND RETURN IT WITH
SCOTIA SPRINGER CLUB	YOUR ENTRY FORM AND PAYMENT IN FULL PRIOR TO THE CLOSING DAT
Oct. 5 & 6, 2024 Cheverie, Nova Scotia	
EVENT INFORMATION STAKES ENTERED	NAME:
Sat. Oct. 5 Sunday, Oct. 6	ADDRESS:
Open Stake S160.00Amateur Stake S160.00	
Puppy \$50.00 Limit - \$50.00 TCN Fees \$11.50TCN Fees - \$11.50	
FEES: Entry Fee \$ TCN Fee \$ Total Enclosed	PROV./STATE: PC/ZIPTEL:()
DOG INFORMATION This is to certify that this dog IS / IS NOT qualified for a limit stake.	e-mail:
Registered Name of Dog: Call Name:	Saturday, Oct. 5, 2024
Breed: Male Female	Open Stake: #Dogs: x \$160.00 CDN:
CKC Registration # CKC Miscellaneous # NUMBER:	Puppy Stake: #Dogs: x \$50.00 CDN:
CKC ERN # CKC TCN #	TCN Fees: #Dogs: x \$11.50 CDN:
Date of Birth:/	Sunday, Oct. 6, 2024
Day Month Year Place of Birth Canada Elsewhere	Amateur Stake: #Dogs: x \$160.00 CDN:
BREEDER(S)	Limit Stake: #Dogs: x \$50.00 CDN:
SIRE	TCN Fees: #Dogs: x \$11.50 CDN:
DAM	
REG'D OWNER OR Lessee	Patron List: \$10.00 CDN
OWNER'S ADDRESS or Lessee	
	TOTAL \$
Owner's CKC number	
Name of Handler	THANK YOU FOR YOUR SUPPORT Please make cheques payable to the Scotia Springer Club
I CERTIFY that I am the registered owner(s) of this dog, or that I am the duly authorized agent of the registered owner(s) whose name(s) I have entered above and accept full responsibility for all statements made in this entry. In consideration of acceptance of this entry, I (we) agree to abide by all the rules of the Canadian Kennel Club and the Standard Procedures governing this Field Trial and any directions made in accord with them, and I further agree that the dog is entered in and will be at this trial at my own risk and that I will hold the trial-giving club, its members and agents free from liability for any claims arising out of the entry of the dog or its presence at the trial.	Signature:
Signature of Owner or Agent Telephone Number	
E-mail address	