



OFFICIAL CANADIAN KENNEL CLUB
ENTRY FORM
Alberta Lure Coursing Association
Saturday October 17, 2020
Sunday October 18, 2020
Chase Ability Program (CAP)



I enclose \$ _____ Entry Fees \$ _____ Pizza \$ _____ Total \$ _____

PLEASE TYPE OR PRINT CLEARLY

BREED

MALE
 FEMALE

ENTER IN THE FOLLOWING CLASSES

Sat Inspection ½ hour after completion of Sprinters
 Second Event ½ hour after 1st Event
 Pizza Lunch Sat
 Pizza Lunch Sun

Sun 1st Event Inspection 8:30 am
 Second Event ½ hour after 1st Event

300 yd – dogs 12 inches & under & brachycephalic breeds
 600 yd – all other dogs

If there is a question on which course a dog shall run judge will decide.

REG. NAME OF DOG

CALL NAME

CHECK ONE –AND- ENTER NUMBER HERE

CKC REG. NO. CKC ERN NO
 CKC MISC. CERT. NO. CKC CCN NO..
 CKC PEN NO. TCN No.

DATE OF BIRTH

____ / ____ / ____
Day Month Year

NUMBER:

PLACE OF BIRTH

CANADA ELSEWHERE

BREEDER(S)

SIRE

DAM

REG'D OWNER(S)

OWNER'S ADDRESS

CITY PROV./STATE POSTAL CODE

NAME OF OWNER'S AGENT
(IF ANY) AT THE SHOW

AGENT'S ADDRESS

CITY PROV./STATE POSTAL CODE

IDs will not be mailed – please supply email address below for entry confirmation

VISA MASTERCARD AMERICAN EXPRESS

CARD NO. _____ EXPIRY ____ / ____

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 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 _____ Email _____ Telephone Number _____