

OFFICE USE

OFFICIAL CKC ENTRY FORM

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FOOTHILLS GAZEHOUD CLUB
LURE FIELD TRIAL ENTRY FORM

Saturday Sunday

I ENCLOSE \$ _____

ENTRY FEES \$ _____

TCN FEES
\$ _____

PLEASE TYPE OR PRINT CLEARLY

ENTER IN THE FOLLOWING CLASSES:

_____ OPEN _____ SINGLE

Is this the hound's first trial in Canada? _____ Hound Certification Form must be attached.

BREED:

Call Name

_____ MALE
_____ FEMALE

Registered Name

Check one and enter number here:

_____ CKC Registration No.

_____ TCN Number

Owner's CKC Membership No.

_____ CKC ERN or PEN No.

_____ Foreign Reg. No. & Country

_____ CKC Misc. Cert. No.

DATE OF BIRTH

____/____/____
Day Month Year

PLACE OF BIRTH

CANADA _____

ELSEWHERE _____

Please separate my hounds _____

BREEDER

SIRE

DAM

REG'D OWNER

OWNER ADDRESS

OWNER'S AGENT(IF ANY) AT THE TRIAL:

AGENT'S ADDRESS:

_____ VISA _____ MASTERCARD _____ AMERICAN EXPRESS

CARD NO. _____

EXPIRY _____/_____

CARDHOLDER NAME (PLEASE PRINT)

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

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. I CERTIFY that one of the owners has the CKC membership number listed above. 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

E-mail:

Phone:

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FOOTHILLS GAZEHOUD CLUB

LURE FIELD TRIAL SPECIALTY CONFORMATION SHOW

Saturday August 23 2025

I ENCLOSE \$ _____

ENTRY FEES \$ _____

TCN (Listing) FEES \$ _____

PLEASE TYPE OR PRINT CLEARLY

ENTER IN THE FOLLOWING CLASSES:

___ 12-18 Months ___ Canadian Bred ___ Bred-by Exhibitor ___ Open
___ Specials Only ___ Veterans ___ Altered

BREED:

___ MALE
___ FEMALE

Registered Name

Check one and enter number:

___ CKC Registration #

___ CKC ERN #

___ Listed (TCN number required)

Owner's CKC Membership No.

DATE OF BIRTH

Day / Month / Year

PLACE OF BIRTH

CANADA _____

ELSEWHERE _____

BREEDER

SIRE

DAM

REG'D OWNER

OWNER ADDRESS

OWNER'S AGENT(IF ANY) AT THE SHOW:

AGENT'S ADDRESS:

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

CARD NO. ___ VISA ___ MASTERCARD ___ AMERICAN EXPRESS
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

E-mail: _____ Phone: _____