



CANADIAN KENNEL CLUB OFFICIAL ENTRY FORM (Field Dog Test)

Name of Club: _____

EVENT INFORMATION

FEES: Entry Fee \$ _____ TCN Fee \$ _____ Total Enclosed \$ _____

TEST ENTERED:

DATE (Test 1)

DATE (Test 2)

DATE (Test 3)

DATE (Test 4)

- ☐ FDJ
☐ FD
☐ FDA
☐ FDX

- ☐ FDJ
☐ FD
☐ FDA
☐ FDX

- ☐ FDJ
☐ FD
☐ FDA
☐ FDX

- ☐ FDJ
☐ FD
☐ FDA
☐ FDX

DOG INFORMATION

Registered Name of Dog: _____ Call Name: _____

Breed: _____ Male ☐ Female ☐

- ☐ CKC Registration #
☐ CKC ERN #
☐ CKC PEN #

- ☐ CKC Miscellaneous #
☐ Temporary Competition Number (TCN)

Insert Number Here: _____

Date of Birth: _____ dd mm yy Place of Birth: ☐ Canada ☐ Elsewhere

Breeder: _____

Sire: _____

Dam: _____

OWNER(S) & AGENT INFORMATION

Registered Owner(s): _____ Membership No. _____
_____ Membership No. _____
_____ Membership No. _____

Owner's Address: _____

Handler/Agent (if any): _____

Handler/Agent's Address: _____
Street Address City Prov. Postal Code

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 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

Telephone Number

Email



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