



OFFICIAL CANADIAN KENNEL CLUB
ENTRY FORM
Alberta Lure Coursing Association
Friday, Saturday and Sunday July 15 – 17, 2022
Chase Ability Program (CAP)



I enclose \$ _____ Entry Fees \$ _____ Listing Fees \$ _____

PLEASE TYPE OR PRINT CLEARLY

BREED _____

MALE
 FEMALE

ENTER IN THE FOLLOWING CLASSES

Friday CAP 1 CAP 2

Saturday CAP 1 CAP 2

Sunday CAP 1 CAP 2

Panino Italian Sub and drink Lunch _____

Nitza's Artisan Pizza and drink Lunch _____

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 MISC. CERT. NO.

CKC PEN NO.

CKC ERN NO

CKC CCN NO..

TCN

DATE OF BIRTH

_____/_____/_____

Day Month Year

PLACE OF BIRTH

CANADA ELSEWHERE

NUMBER: _____

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 _____