

CHASE ABILITY

SALUKI CLUB OF CANADA

Sept. 25 AM Event 1 Sept. 25 PM Event 2

I Enclose \$ for Entry Fe	ees \$ Listing F	`ees \$
PLEASE TYPE OR PRINT CLEARLY		
Breed:	Call Name:	Sex:
Registered		
Name of Dog:		
Check one and enter number	Distance:	300. 600.
CKC Reg. #	Date of Birth	
CKC ERN or PEN #	DMY	
CKC MCN #	Place of Birth	
CKC CCN #	Canada El	sewhere
Listed		
Breeder(s)		
Sire		
Dam		
Reg'd Owner(s)		
Owner's Address		
City	Prov PC	
Name of Owner's Agent (if any) at the Trial		
Agent's Address		
City	Prov PC	
Owner's CKC Membership #		
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 re	sponsibility 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 in the premium list.		
SIGNATURE OF OWNER OR AGEN	T TELEF	PHONE NO.
E-MAIL ADDRESS:		