



Official Canadian Kennel Club Entry Form

Please check classes you wish to enter

October 2, 2021 Morning	October 2, 2021 Afternoon	October 3, 2021 Morning	October 3, 2021 Afternoon
<input type="checkbox"/> Instinct	<input type="checkbox"/> Open – Containers	<input type="checkbox"/> Excellent – Containers	<input type="checkbox"/> Instinct
<input type="checkbox"/> Novice – Containers	<input type="checkbox"/> Open – Interior	<input type="checkbox"/> Excellent – Interior	<input type="checkbox"/> Novice – Containers
<input type="checkbox"/> Novice – Interior	<input type="checkbox"/> Open – Exterior	<input type="checkbox"/> Excellent - Exterior	<input type="checkbox"/> Novice – Interior
<input type="checkbox"/> Novice – Exterior	<input type="checkbox"/> Excellent – Containers	<input type="checkbox"/> Master – Containers	<input type="checkbox"/> Novice – Exterior
<input type="checkbox"/> Open – Containers	<input type="checkbox"/> Excellent – Interior	<input type="checkbox"/> Master – Interior	<input type="checkbox"/> Open – Containers
<input type="checkbox"/> Open – Interior	<input type="checkbox"/> Excellent - Exterior	<input type="checkbox"/> Master Exterior	<input type="checkbox"/> Open – Interior
<input type="checkbox"/> Open – Exterior	<input type="checkbox"/> Master – Containers		<input type="checkbox"/> Open – Exterior
	<input type="checkbox"/> Master – Interior		
	<input type="checkbox"/> Master Exterior		

*****Each dog and/or Handler may only enter a total of 3 components/trial*****

Reg. Name of Dog: _____

Call Name: _____ Breed: _____

Reg. # _____ Please circle: CKC CCN ERN MCN TCN PEN

Place of Birth: Canada Elsewhere Sex: M F D.O.B. _____

Breeder(s) _____

Sire: _____ Dam: _____ Reg. _____

Owner(s) _____ Owner's Ad-

dress: _____ City: _____

_____ Province: _____ Postal Code: _____

Handler: _____

Handler Address: _____ City: _____

_____ Province: _____ Postal Code: _____

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: _____ Ph # (____) _____ - _____ Email ad-

dress: _____

Amount to be paid: \$ _____ x _____ runs. Total: _____ ****LIMITED ENTRY**** event

REGULAR MAIL: Please send completed entry form, payment and signed waiver to:

CRDFS Scent Trial, 2683 Carstairs Drive, Courtenay, BC V9N 4A3