

ANKC AGILITY TRIAL ENTRY FORM

To be held under the Rules & Regulations
of the State Controlling Body

NOTE: WRITING MUST BE INK, AND ALL NAMES OF DOGS IN BLOCK LETTERS

NAME OF DOG _____
Dog's details must be identical to its registration with the Controlling Body, or most recent title application

BREED _____

SEX _____ HAS _____ CM _____ DOB _____ No. _____
D or B Height at Shoulder Date of Birth DD/MM/YYYY Registered Number

Club _____
(write name of club holding trial for which entry is made)

Date of Trial: _____

EXHIBITOR'S DECLARATION

I hereby apply to enter the foregoing exhibit in terms of and upon the conditions set out in the State Controlling Bodies Constitution Rules and Regulations by which I agree to be bound, and I hereby certify to the correctness of the particulars endorsed hereon.

NAME OF REGISTERED OWNER/LESSEE _____
Mr., Mrs., Ms, Miss - (BLOCK LETTERS Please)

MEMBERSHIP No. _____

USUAL SIGNATURE _____

Class	Jump Height	Catalog No. (Club use only)

Entry Fees

I certify that this exhibit has not within the said period of three months been in kennels affected with Distemper .
Canine Hepatitis, Parvo Virus or any other contagious or infectious disease and that the dog has been vaccinated.

Catalogue

POSTAL ADDRESS _____

Subscription

POSTCODE _____ PHONE _____

Sundries

EMAIL ADDRESS _____

TOTAL

CLUB REPRESENTED _____

CHQ. No.

HANDLER IF DIFFERENT FROM OWNER _____

Strategic Pairs Partner (if applicable):

Dog _____ No. _____ Handler _____ No. _____
Titles not required here Registered Number Owner, or Handler if not Owner Membership Number

ANKC AGILITY TRIAL ENTRY FORM

To be held under the Rules & Regulations
of the State Controlling Body

NOTE: WRITING MUST BE INK, AND ALL NAMES OF DOGS IN BLOCK LETTERS

NAME OF DOG _____
Dog's details must be identical to its registration with the Controlling Body, or most recent title application

BREED _____

SEX _____ HAS _____ CM _____ DOB _____ No. _____
D or B Height at Shoulder Date of Birth DD/MM/YYYY Registered Number

Club _____
(write name of club holding trial for which entry is made)

Date of Trial: _____

EXHIBITOR'S DECLARATION

I hereby apply to enter the foregoing exhibit in terms of and upon the conditions set out in the State Controlling Bodies Constitution Rules and Regulations by which I agree to be bound, and I hereby certify to the correctness of the particulars endorsed hereon.

NAME OF REGISTERED OWNER/LESSEE _____
Mr., Mrs., Ms, Miss - (BLOCK LETTERS Please)

MEMBERSHIP NO. _____

USUAL SIGNATURE _____

Class	Jump Height	Catalog No. (Club use only)

Entry Fees

I certify that this exhibit has not within the said period of three months been in kennels affected with Distemper .
Canine Hepatitis, Parvo Virus or any other contagious or infectious disease and that the dog has been vaccinated.

Catalogue

POSTAL ADDRESS _____

Subscription

POSTCODE _____ PHONE _____

Sundries

EMAIL ADDRESS _____

TOTAL

CLUB REPRESENTED _____

CHQ. No.

HANDLER IF DIFFERENT FROM OWNER _____

Strategic Pairs Partner (if applicable):

Dog _____ No. _____ Handler _____ No. _____
Titles not required here Registered Number Owner, or Handler if not Owner Membership Number

ANKC AGILITY TRIAL ENTRY FORM

To be held under the Rules & Regulations
of the State Controlling Body

NOTE: WRITING MUST BE INK, AND ALL NAMES OF DOGS IN BLOCK LETTERS

NAME OF DOG _____
Dog's details must be identical to its registration with the Controlling Body, or most recent title application

BREED _____

SEX _____ HAS _____ CM _____ DOB _____ No. _____
D or B Height at Shoulder Date of Birth DD/MM/YYYY Registered Number

Club _____
(write name of club holding trial for which entry is made)

Date of Trial: _____

EXHIBITOR'S DECLARATION

I hereby apply to enter the foregoing exhibit in terms of and upon the conditions set out in the State Controlling Bodies Constitution Rules and Regulations by which I agree to be bound, and I hereby certify to the correctness of the particulars endorsed hereon.

NAME OF REGISTERED OWNER/LESSEE _____
Mr., Mrs., Ms, Miss - (BLOCK LETTERS Please)

MEMBERSHIP NO. _____

USUAL SIGNATURE _____

Class	Jump Height	Catalog No. (Club use only)

Entry Fees

I certify that this exhibit has not within the said period of three months been in kennels affected with Distemper .
Canine Hepatitis, Parvo Virus or any other contagious or infectious disease and that the dog has been vaccinated.

Catalogue

POSTAL ADDRESS _____

Subscription

POSTCODE _____ PHONE _____

Sundries

EMAIL ADDRESS _____

TOTAL

CLUB REPRESENTED _____

CHQ. No.

HANDLER IF DIFFERENT FROM OWNER _____

Strategic Pairs Partner (if applicable):

Dog _____ No. _____ Handler _____ No. _____
Titles not required here Registered Number Owner, or Handler if not Owner Membership Number