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			
(write name of club holding trial for which entry is made) Date of Trial:		SEX HAS CM DOB No.			
EXHIBITOR'S DECLARATION		D or B Height at Shoulder Date of Birth DD/MM/YYYY Registered Number NAME OF REGISTERED OWNER/LESSEE			
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.		Mr., Mrs., Ms, Miss - (BLOCK LETTERS Please) MEMBERSHIP No.	Class	Jump Height	Catalog No. (Club use only)
certify to the correctness of the particle		USUAL SIGNATURE ot within the said period of three months been in kennels affected with Distemper .			
Entry Fees		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 DIFFERE	ENT FROM OWNER			
Strategic Pairs Partner	(if applicable):				
Titles not required here		No. Handler Registered Number Owner, or Handler if n	ot Owner	No. Membership Nu	umber
ANKC AGILITY TRIAL ENTRY FORM To be held under the Rules & Regulations of the State Controlling Body		NOTE: WRITING MUST BE INK, AND ALL NAM			
		NAME of DOG			
	Club	Dog's details must be identical to its registration with the BREED	Controlling Body, or	most recent title application	ation
(write name of club holding trial for	which entry is made)				
Date of Trial:		SEX HAS CM [Date of Birth DD/M	No. Registered	Alumbor
EXHIBITOR'S DECLARATION		NAME of REGISTERED OWNER/LESSEE	Date of Biltil DD/M	w/ffff Registered	Number
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		Mr., Mrs., Ms, Miss - (BLOCK LETTERS Please) MEMBERSHIP NO.	Class	Jump Height	Catalog No. (Club use only)
certify to the correctness of the partici		USUAL SIGNATURE			
Entry Fees		ot within the said period of three months been in kennels affected with Distemper , 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 DIFFERE	ENT FROM OWNER			
Strategic Pairs Partner	(if applicable):				
Dog		No. Handler	-1.0	No.	
Titles not required here		Registered Number Owner, or Handler if n		Membership Nu	
ANKC AGILITY TRIAL ENTRY FORM To be held under the Rules & Regulations		NOTE: WRITING MUST BE INK, AND ALL NAM	MES OF DOGS	S IN BLOCK LETT	ΓERS
of the State Conti		NAME of DOG Dog's details must be identical to its registration with the	Controlling Body, or	most recent title applie	otion
	Club	BREED	Controlling Body, or	most recent title applica	alion
(write name of club holding trial for which entry is made) Date of Trial:		SEX HAS CM [OOB	No.	
EXHIBITOR'S DECLARATION		D or B Height at Shoulder NAME OF REGISTERED OWNER/LESSEE	Date of Birth DD/M	M/YYYY Registered	d Number
I hereby apply to enter the foregoing exhibit in terms of and upon		Mr., Mrs., Ms, Miss - (BLOCK LETTERS Please)	Class	Lump Hoight	Catalog No.
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.		MEMBERSHIP NO.	<u>Class</u>	<u>Jump Height</u>	Catalog No. (Club use only)
		USUAL SIGNATURE out within the said period of three months been in kennels affected with Distemper .			
Entry Fees	Canine Hepatitis, Parvo Virus	or any other contagious or infectious disease and that the dog has been vaccinated.			
Catalogue	POSTAL ADDRESS				
Subscription		POSTCODE PHONE PHONE			
Sundries	EMAIL ADDRESS				
TOTAL	CLUB REPRESENTED				
CHQ. No.	HANDLER IF DIFFERE	ENT FROM OWNER			
Strategic Pairs Partner Dog	(if applicable):	No. Handler		No.	
Titles not required here		Registered Number Owner, or Handler if n	ot Owner	Membership Nu	umber