

# 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/L ESSEE \_\_\_\_\_  
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 \_\_\_\_\_

Subscription \_\_\_\_\_

Sundries \_\_\_\_\_

TOTAL \_\_\_\_\_

CHQ. No. \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_

POSTCODE \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CLUB REPRESENTED \_\_\_\_\_

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

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