| SO  | CIETY NAME:   | EALRC  |   |       |                          |             |                       |         | Entries Close:          |          |                             |             |
|---|---|--|---|-------|--------------------------|-------------|-----------------------|---------|-------------------------|----------|-----------------------------|-------------|
|   |   |  |   |       | KING TEST<br>e as appror | -           | -                     | ірру    |                         |          |                             |             |
| (delete as appropriate)         INSTRUCTIONS         Writing MUST BE IN INK AND BLOCK CAPITALS<br>This form must be used by one person only (or partnership).<br>Use one line only for each dog. The name of the dog and all the details as recorded with The Kennel Club must be given on this entry form. If<br>an error is made the dog may be disqualified by the Committee of the Kennel Club. ENTRIES FOR FIELD TRIALS WILL ONLY BE<br>ACCEPTED FROM GUNDOGS REGISTERED AT THE KENNEL CLUB IN THE GUNDOG GROUP (vide Reg. J1.a., 7a & B20) and if a<br>registered dog has changed ownership the TRANSFER must be applied for before the closing of entries.<br>When entering more than one breed or variety, use if possible a separate form for each. On no account will entries be accepted without fees.       ENTRY FEES: £12 |   |  |   |       |                          |             |                       |         |                         |          | Y FEES: £12                 |             |
| REGISTERED NAME OF DOG  |   |  | KENNEL CLUB<br>REG NO., STUD BOOK<br>NO. OR ATC NO. |       | Breed                    | S<br>e<br>x | FULL DATE<br>OF BIRTH | BREEDER | SIRE<br>(BLOCK LETTERS) |          | DAM<br>(BLOCK LETTERS)      | Stake<br>No |
| 1   |   |  |   |       |                          |             |                       |         |                         |          |                             |             |
| 2   |   |  |   |       |                          |             |                       |         |                         |          |                             |             |
| 2   | 2   |  |   |       |                          |             |                       |         |                         |          |                             |             |
| QUALIFICATION   |   |  |   |       |                          |             |                       |         |                         | ess on t | the card please tick this b | ox 🗆        |
| SEE SCHEDULE DATE   |   |  | AWARD   | STAKE | STAKE PROMOTING SOCIETY  |             |                       |         | Name of Owner(s)        |          |                             |             |
| 1   |   |  |   |       |                          |             |                       |         | Address:                |          |                             |             |
| 2   |   |  |   |       |                          |             |                       |         | Tel No Email:           |          |                             |             |
| ON  | NE LINE FOR EA  | ACH DOG  | (   | CHECK | ALL DETA                 | AILS        | S BEFORE P            | OSTING  |                         | 1 01     |                             |             |
| I/we<br>to ti<br><u>sing</u><br>I/we  | CCLARATION<br>e agreed to submit to a<br>ime in relation to all ca<br>the or joint registered o<br>e also undertake to abio | Entries to: Nikki Stranks, Church Farmhouse, The Green,<br>Old Buckenham, Attleborough Norfolk NR17 1RR<br>Mobile: 07775672924 |   |       |                          |             |                       |         |                         |          |                             |             |
| con   | wingly exposed to any<br>dition which adversely<br>lied the guide to Condu  | Name Of Handler ADDRESS  |   |       |                          |             |                       |         |                         |          |                             |             |
| Not   | Usual Signature of Owner(s)   |  |   |       |                          |             |                       |         |                         | Fax No   |                             |             |

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