

## OFFICIAL ENTRY FORM

(Pointing Field Trial)

Name of Club:

## **Brittany Spaniel Club of Ontario**

Trial Date(s):	May 4 & 5, 20	24 Ca	yuga, Ontario	
EVENT INFORMATION				
FEES: Entry Fee STAKES ENTERED:	\$ TCN # Fee	<b>\$</b>	_ Total Enclosed	\$
Saturday, May 4 – 1 <sup>st</sup> trial	Saturday, May 4 – 2		Sunday, May 5	
FDJ \$70.00 FD \$70.00	FDJ \$70.00 FD \$70.00		FDJ \$70.00 FD \$70.00	
FDA \$70.00	FD \$70.00		FD \$70.00	
FDX \$70.00	FDX \$70.00		FDX \$70.00	
FDCh \$70.00	FDCh \$70.00		FDCh \$70.00	
TCN Fee \$11.30	TCN Fee \$1	1.30	TCN Fee \$11.3	0
DOG INFORMATION				
Registered Name of Dog:			Call Name:	
Breed:			Male 🗆	Female $\square$
☐ CKC Registration #	☐ CKC Miscellaneous #			
☐ CKC ERN #	☐ TCN#	Insert Number	er Here:	
mm dd	уу			
Date of Birth:		Place of Birth:	Canada	where
Breeder:				
Sire:		Dam:		
OWNER & AGENT INFORMATION	ON			
Registered Owner(s):				
Owner's Address:				
	Street Address	City	Prov.	Postal Code
Handler/Agent (if not Owner):				
Handler/Agent's Address:		_		
_	Street Address	City	Prov.	Postal Code
Are the Owner(s) and Handler Am	nateurs?	Yes 🗆	No 🗆	
I CERTIFY that I am the registere entered above and accept full res (we) agree to be bound by the rule appearing in the premium list.	sponsibility for all statements made	e in this entry. In consid	deration of the acceptance	of this entry, I
I (we) further agree that the dog e members, agents and landowners presence at the trial.				
Signature of Owner or Agent	t Telephone	Number	Ema	il



## OFFICIAL ENTRY FORM (Pointing Field Trial)

Name of Club:

## **Brittany Spaniel Club of Ontario**

Date(s): May 4 & 5, 2024 Cayuga, Ontario

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EVENT INFORMATION					
FEES: Entry Fee _	\$ TCN#Fe	e <u>\$</u>	Total Enclosed	\$	
STAKES ENTERED:	Ontonday May 4	ond 4! - 1		·	
Saturday, May 4 – 1 <sup>st</sup> trial FDJ \$70.00	Saturday, May 4 – : FDJ \$70.0		Sunday, May 5 FDJ \$70.00		
FD \$70.00 FD \$70.00	FD3 \$70.0		FD \$70.00		
FD \$70.00 FDA \$70.00	FD \$70.0		FD \$70.00		
FDX \$70.00	FDX \$70.00		FDX \$70.00		
FDCh \$70.00	FDCh \$70.0		FDCh \$70.00		
TCN Fee \$11.30	FDCII \$70.0		TCN Fee \$11.3	0	
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DOG INFORMATION					
Registered Name of Dog:			Call Name:		
Breed:			Male 🗆	Female	
☐ CKC Registration #	☐ CKC Miscellaneous #				
☐ CKC ERN #	☐ TCN#	Insert Num	ber Here:		
44					
mm dd	уу				
Date of Birth:		Place of Birth:	Canada	vhere	
Breeder:					
Sire:		Dam:			
		<del>-</del>			
OWNER & AGENT INFORMATION	N				
Registered Owner(s):					
Owner's Address:					
	Street Address	City	Prov.	Postal Cod	
Handler (American Charles Occurred)		·			
Handler/Agent (if not Owner):		<u></u>			
Handler/Agent's Address:					
	Street Address	City	Prov.	Postal Cod	
Are the Owner(s) and Handler Ama	ateurs?	Yes	No □		
I CERTIFY that I am the registered entered above and accept full resp (we) agree to be bound by the rules appearing in the premium list.  I (we) further agree that the dog en	onsibility for all statements mad s and regulations of The Canad tered is and will be at this trial a	le in this entry. In cons ian Kennel Club and b at my (our) own risk and	d that I (we) will hold the tria	e of this entry, I egulations al giving club, its	
members, agents and landowners presence at the trial.	Prairie Circle) free from liability	ioi any ciaims arising	out or the entry of the dog (	or my (our)	
Signature of Owner or Agent	t Telephone Number		Email		