

SOCIETY NAME AND ID NUMBER: NORTH WEST LABRADOR RETRIEVER CLUB 1319		TEST TITLE:	ENTRIES CLOSE:
<p>INSTRUCTIONS Writing MUST BE IN INK AND BLOCK This form MUST be used by one person only (or partnership). 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 error is made the dog may be disqualified by the Committee of The Kennel Club. ENTRIES FOR GUNDOG WORKING TESTS WILL ONLY BE ACCEPTED FROM GUNDOGS REGISTERED AT THE KENNEL CLUB IN THE GUNDOG GROUP. (vide Regu.J1a. 6a(i) & B20). 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.</p>			
REGISTERED NAME OF DOG (BLOCK CAPITALS)	KENNEL CLUB REG. NO STUD BOOK NO OR ATC NO	FULL DATE OF BIRTH	BREEDER
1	BREED	SEX	SIRE (BLOCK LETTERS)
2	BREED	SEX	DAM (BLOCK LETTERS)
Qualification (see schedule)		TEST	PROMOTING SOCIETY
1	AWARD		
2			
ONE LINE FOR EACH DOG		CHECK ALL DETAILS BEFORE POSTING	
<p>DECLARATION "I/we agreed to submit to and be bound by the Kennel Club Rules and Regulations in their present form or as they may be amended from time to time in relation to all canine matters with which The Kennel Club is concerned I/we also undertake to abide by the Regulations of the Test and not to bring to the Test any dog which has contracted or been knowingly exposed to any infectious disease during the 21 days prior to the day of the test. I also declare that I am fully conversant and have studied the Guide to the Conduct of Working Tests Regulations. I further declare that I believe to the best of my knowledge that the dogs are not liable to disqualification under Kennel Club</p>			
Usual signature of Owner(s)		tel:	Entries and Fees which MUST BE PREPAID to be sent to: MRS J WHITE Sunnyside Farm, Back Lane, Thrapwood, Malpas, Cheshire, SY14 2AT. Telephone No: 01948 770120
			(In block letters) Name of Handler: ADDRESS:
			Telephone no: Fax no:
			Name of owner(s) ADDRESS:
			Telephone no: Fax no:
			Name of Handler: ADDRESS:
			Telephone no: Fax no: