

EASTERN COUNTIES GOLDEN RETRIEVER CLUB**K.C. ID No 1312****(For Golden Retrievers only)****OPEN, NOVICE AND VETERAN WORKING TEST.****PLEASE REMEMBER TO ENTER THE TEST YOU WISH TO RUN IN.**Date Of
Test
15th April
2017

Writing MUST BE IN INK AND BLOCK CAPITALS.

This form must be used by one person only (or partnership). Use only one line for each dog. The name of the dog and all details as recorded with the Kennel Club must be given on this form. If an error is made the dog may be disqualified by the Committee of the Kennel Club.

ENTRIES FOR TESTS WILL ONLY BE ACCEPTED FROM GUNDOGS REGISTERED AT THE KENNEL CLUB IN THE GUNDOG GROUP, (Reg.J1a 6a(i) & B20) and if a registered dog has changed ownership the TRANSFER must be applied for before the closing of entries. When entering more than one breed or variety, use if possible a separate form for each one. Entries not accepted without fees.

Registered Name of Dog + ATC No.	K C Reg No	Test	Sex	Date of Birth	Breeder	Sire (BLOCK LETTERS)	Dam (BLOCK LETTERS)

Declaration : I/We agree 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 & that this entry is made upon the basis that all current single or joint registered owners of this dog(s) have authorised/consented to this entry. I/We also undertake to abide by the regulations of this Test and not to bring to the Test any dog which has contracted or been knowingly exposed to any infectious disease during 21 days prior to the day of the Test, or which is suffering from a visible condition which adversely affects its health or welfare. I/We also declare that I am fully conversant with the Field Trial and Gundog Working Test Regulations and have studied the Guide to the Conduct of Field Trials. I/we further declare that I/we believe to the best of my/our knowledge that the dog(s) are not liable to disqualification under Kennel Club Field Trial Regulations.

Name of Owner(s)**Address:-****Tel No.**

Entries and Fees which MUST BE PREPAID to be sent to :-
Dr Mike Hamilton,
Orchard End, Dublin Road, Rishangles, Suffolk IP23 7QB
Tele. 07962 006242

Entries Close on Saturday 08th April 2017**Cheque/PO payable to:-**

Eastern Counties Golden Retriever Club

Usual Signature of Owner(s).....Date.....

Note: Dogs entered in breach of Kennel Club F.T. Regulations are liable to disqualification whether or not the owner was aware of the breach.

Name of Handler:-

Fees

Address (In Block Letters)

Members

£8.00

Non Member

£10.00

Tel No:-

