SOCIETY NAME: CORNWALL FIELD TRIAL SOCIETY ID No :									569	WORKING TEST SPANIEL / RETRIEVER OPEN / NOVICE / PUPPY			
INSTRUCTIONS This form must be used by one person only (or partnership). Writing MUST BE IN INK AND BLOCK CAPITALS 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 an be disqualified by the Committee of the Kennel Club. ENTRIES FOR FIELD TRIALS WILL ONLY BE ACCEPTED FROM GUNDOGS REG KENNEL CLUB IN THE GUNDOG GROUP (vide Reg. J1.a., J7a & B20) and if a registered dog has changed ownership the TRANSFER must closing of entries. 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: As per Schedule TERED AT THE			
REGISTERED NAME OF DOG		KENNEL CLUB REG NO., STUD BOOK NO. OR ATC NO.		Breed	Sex	FULL DATE OF BIRTH	BREED	DER	(E	SIRE DAM (BLOCK LETTERS) (BLOCK LETTERS)			
1													
2													
If you do not want your address on the card please tick this box													
QUALIFICATION SEE SCHEDULE	DATE	AWARD	STAKE	PROMOTING SOCIETY					Name of Owner (s)				
1								ADDR	ESS				
2									Telephone No Email				
ONE LINE FOR	R EACH DOG		CHECK	X ALL DETA	AILS B	EFORE P	OSTING		1				
DECLARATION I/We agreed to submit to and be bound by the Kennel Club Ltd 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 and 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 Trial and not to bring to the Trial any dog which has contracted or been knowingly									Entries and Fees which MUST BE PREPAID to be sent to: Mrs Zoe Townsend Alderstone House, Lewdown, Okehampton, EX20 4PH or via FTMS				
exposed to any infectious disease during the 21 days prior to the day of the Trial, or which is suffering from a visible condition which adversely affects its health or welfare. I also declare that I am fully conversant with the Field Trial Regulations and have studied the guide to Conduct at Field Trials.									Name of Handler (In block letters) Owner				
I/We further declare that I believe to the best of my knowledge that the dogs are not liable to disqualification under Kennel Club Field Trial Regulations.									Address				
Usual Signature of Owner(s)									Telephone No				