SOCIETY NAME: URC Border Counties & Cotswold area ID No:7									12					
INSTRUCTIONS This form must be used by one person only (or partnership). Writing MUST BE IN INK AND BLOCK CAPITALS											ENTRY FEES:			
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 are be disqualified by the Committee of the Kennel Club. ENTRIES FOR FIELD TRIALS WILL ONLY BE ACCEPTED FROM GUNDOGS REKENNEL 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.									SISTERI	ED AT THE	IE T4.			
	REGISTERED NAME OF DOG	KENNEL CLUB REG NO., STUD BOOK NO. OR ATC NO.		Breed Sex		FULL DATE OF BIRTH	BR	EEDER	SIRE (BLOCK LETTERS)			DAM (BLOCK LETTERS)	TEST	
1														
2														
			<u> </u>			1		I						
	LIFICATION SCHEDULE DATE	AWARD	STAKE PROMOTING SOCIETY						Name of Owner (s)					
1								ADD						
2									Telephone No					
										Email				
ONE LINE FOR EACH DOG CHECK ALL DETAILS BEFORE POSTING														
I/We time curre	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: Miss A. Jones 1 Stable Cottages, Bread Street, Ruscombe, Stroud, Glos. GL6 6EG Tel 07761 611374 email aileenjones42@gmail.com				
expos adve	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)				
	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				
Note	Usual Signature of Owner(s)									Telephone No				