SOUTHERN GOLDEN RETRIEVER SOCIETY ID No.1317

was aware of the breach.

Special Beginner Working Test to be held at 2, Aldon Cottages, Aldon Lane, West Offham, West Malling, Kent ME19 5PH on Sunday 29th April 2018

						(restricted to Golden Retrievers only)	· · · · · · · · · · · · · · · · · ·	
IN	TRUCTIONS Writing MUST BE IN INK AND BLOCK CAPITALS. This form must be used by one person only (or partnership).						Entries Close On	
				n on this entry form. If an error is made the	20th April 2018			
GUNDOGS the TRANSF		GUNDOGS REGISTERED the TRANSFER must be app	blied for before the closing of entries ar	UNDOG GROUP (vide Ind TAF clearly stated on	Reg. J1.a., J7a & B20) and this form.	d if a registered dog has changed ownership	Entry Fee: Members £10.00 Non Members £10.00	
	1	When entering more th	-	separate form for each	ch. On no account w	ill entries be accepted without fees.	Per person prepaid	
		NAME OF DOG CAPITALS)	KC. REG. NO., STUD BOOK NO. OR ATC NO	FULL DATE OF BIRTH	BREEDER	SIRE (BLOCK CAPITALS)	DAM (BLOCK CAPITALS)	
1			BREED	SEX	-			
2			BREED	SEX				
Entries and Fees MUST BE PREPAID either by Cheque or Bank Transfer. On-line Banking Details Payee: "SGRS". Sort Code: 30-92-86.Account Number 00671862 for reference write WTD					Name of OWNER(S) (In block capitals)			
followed by your FULL NAME .					Address:			
Entries to be sent to: W/TEST Secretary Mr R Gait. 72. Rosewood Gardens, New Milton, Hants. BH25 5NA					Telephone No: Email			
Please supply email address or stamped addressed envelope for directions and draw.					If you do not want your address on the card please tick this box			
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 Ltd 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 Test and not to bring to the					Name of HANDLER (in block capitals)			
Tes	st any dog which has cont	racted or been knowingly exp	osed to any infectious disease during the	Address:				
day of the Test, 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 and Gundog Working Test Regulations. I/We further declare that I believe to the best of my knowledge that the dogs are not liable to disqualification under								
Kennel Club Regulations.					Telephone No: email			