

Southern Alsatian Training Society



S.A.T.S.

OPEN* / CHAMPIONSHIP* WORKING TRIALS VENUE*..... DATES*..... *Complete as schedule	STAKE:	
Please use a separate entry form for each stake.		

All dogs entered at this meeting must, prior to entry, be registered or transferred at the Kennel Club in accordance with Kennel Club Regulations. A copy of Kennel Club Rules and Regulations can be obtained from the Kennel Club. All dogs must be qualified to compete in the Stakes entered in accordance with Kennel Club Working Trials Regulations. The date on which the dog last qualified for the Stake in which it is entered must be stated in the appropriate place on the entry form. Dogs must be eighteen calendar months on the closing date to enter.

DETAILS ENTERED BELOW MUST BE IN TERMS IDENTICAL WITH REGISTRATION OF THE DOG AT THE KENNEL CLUB.

Registered name of dog	Breed	Sex (DorB)	Breeder	D of B	Sire	Dam
KC Registered Number						

Qualified for entry at Qualified for entry at Qualified for entry at Qualified for entry at	Open Trial on (date must be stated) Open Trial on (date must be stated) Championship Trial on (date must be stated) Championship Trial on (date must be stated)
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DECLARATION
 I We agree to submit to and are 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 this trial and not to bring to the Trial any dog which has contracted or knowingly been exposed to any infectious or contagious disease during the 21 days prior to the Trial. I We further declare that I We believe to the best of my/our knowledge that the dogs are not liable to disqualification under Kennel Club Regulations.

Usual Signature of Owner(s)..... **DATE**.....
 Note: Dogs entered in breach of Kennel Club Regulations are liable to disqualification whether or not the owner was aware of the breach.

BLOCK LETTERS

NAME OF HANDLER (Mr, Mrs, Ms)

ADDRESS

..... TEL NO:

PLEASE CHECK ALL DETAILS BEFORE POSTING

All cheques & P.O.s to be made payable to: **SATS**. Please state preference of day of work, as we **CANNOT** guarantee to comply, a 2nd choice **MUST** be given.

1st choice 2nd choice 3rd choice

BLOCK LETTERS

NAME OF REGISTERED OWNER:

ADDRESS:

..... TEL NO:

ENTRIES & FEES, which must be prepaid, to the address shown on the Schedule.

ENCLOSE A STAMPED ADDRESSED ENVELOPE

Dog fully inoculated and wormed Y/N

I shall be travelling with

.....

who is entered in

..... stake

CD/UD only

Dog under 15" Yes/No

I am also entered in

..... stake