

<b>Society Name: Kent Working Spaniel Club</b>	<b>ID No: 689</b>	Entries Close:
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**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 error is made the dog may be disqualified by the Committee of the Kennel Club. ENTRIES FOR GUNDOG WORKING TESTS WILL ONLY BE ACCEPTED FROM GUNDOGS REGISTERED AT THE KENNEL CLUB IN THE GUNDOG GROUP (vide Reg J1a., J7a & 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. On no account will entries be accepted without fees.

**ENTRY FEES:**  
  
**£10.00 per dog**

	Registered Name of Dog	Kennel Club Registration No ;Stud Book No. or ATC No.	Breed	Sex	Full date of birth	Breeder	Sire (Block Letters)	Dam (Block Letters)	Novice Or Open
1.									
2.									

Your address will appear on the card. Tick to object to publication  
 See our Privacy Notice for more information. The Privacy Notice sets out how we keep your data safely and compliantly.

	Qualification See Schedule	Date	Award	Stake	Promoting Society	Name of Owner:
1.						Address _____ _____
2.						Telephone No:  Email :

**ONE LINE FOR EACH DOG**

**CHECK ALL DETAILS BEFORE POSTING**

**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 Test and not to bring to the Test any dog which has contracted or been knowingly exposed to any infectious disease during the 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 also declare that I am fully conversant with the Field Trial Regulations and have studied the guide to

**Entries and Fees which MUST BE PREPAID to be sent to:**  
**Mr R. Hyde**  
**23 Donemowe Drive, Sittingbourne**  
**Kent ME10 2RH**  
 Tel No. 01795 476432  
 Mobile: 07486 885652

Conduct at Field Trials

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 Test Regulations  
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 (In Block Letters) _____	
Address _____ _____	
Telephone No: _____	Email: _____