

**SOUTHERN GOLDEN RETRIEVER SOCIETY**  
**ID No.1317**

Joint ND/NH and Novice Working Test **to be held at Parklands, Ewshot, Farnham, Surrey GU10 5AF Sunday 2<sup>nd</sup> June 2024** (restricted to Golden Retrievers & Flatcoats only)

**PLEASE CIRCLE CLASS ENTERED**

**INSTRUCTIONS**

Writing **MUST BE IN INK AND BLOCK CAPITALS.** This form must be used by one person only (or partnership).

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. J1.a., J7a & B20) and if a registered dog has changed ownership the **TRANSFER** must be applied for before the closing of entries and TAF clearly stated on this form.

**Entries Close On**

**Friday 24<sup>th</sup> May 2024**

Entry Fee:

Members £10.00

Non Members £15.00 per dog prepaid

	REGISTERED NAME OF DOG (BLOCK 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 WT followed by your **FULL NAME.**

**Entries to be sent to:**

W/TEST Secretary Mr R Gait. 72. Rosewood Gardens, New Milton, Hants. BH25 5NA  
 Please supply email address or stamped addressed envelope for directions and draw.

**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 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 and Gundog Working Test Regulations

Name of **OWNER(S)** (In block capitals)

Address:

Telephone No:

Email

**If you do not want your address on the card please tick this box**

Name of **HANDLER** (in block capitals)

Address:

Telephone No:

email