|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NORFOLK AND SUFFOLK H.P.R. FIELD TRIAL CLUB  GUNDOG WORKING TEST ENTRY FORM | | | | | **HEVENINGHAM HALL,** HALESWORTH, SUFFOLK IP19 0PN  **SATURDAY 10th August 2019** | | | | | **Entries Close:**  **1st August 2019** | | |
| **INSTRUCTIONS** **Writing MUST BE IN INK AND BLOCK CAPITALS**    ID No 2026  This form must be used by one person only (or partnership).  The name of the dog and all the details must be given on this entry form. If an error is made the dog may be disqualified When entering more than one dog please use separate form. On no account will entries be accepted without fees.  **Open to all breeds of HPR. Confined to handlers and dogs that have not entered more than two KC working tests and have not won a first in Special beginners or an award in any classified class. Training and help will be given.** | | | | | | | | | | Entry Fee Per Class Per dog:  Members: £12.00  Non-members: £15.00  Cheques to: Norfolk & Suffolk HPR FTC  (Name & address on back of cheque)  BACS: A/C: 00838047, sort code 20-85-93  (Ref: Surname & GWT) | | |
| REGISTERED NAME OF DOG  (Block letters) | | KENNEL CLUB  REG NO., STUD BOOK NO. OR ATC NO. | Breed | Sex | | FULL  DATE  OF BIRTH | BREEDER | SIRE (BLOCK LETTERS) | | | DAM  (BLOCK LETTERS) | Class |
| 1 |  |  |  |  | |  |  |  | | |  |  |
| 2 |  |  |  |  | |  |  |  | | |  |  |
| Name of Owner(s) (Block Letters) | | | | | | | Name of Handler (Block Letters) | | | | | |
| Address: | | | | | | | Address: | | | | | |
| Email:  Phone: | | | | | | | Email:  Phone: | | | | | |
| **ONE LINE FOR EACH DOG CHECK ALL DETAILS BEFORE POSTING** | | | | | | | | | | | | |
| **DECLARATION**  I/we undertake to abide by the Regulations of this GWT and not to bring to the GWT 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.  Usual Signature of Owner(s)…………………………………………………………………..……… Date ………………..……………. | | | | | | | | | Entries and Fees which MUST BE PREPAID to be sent to:  Jo Gosling, Wind Jama, 2 Beverley Avenue, WEST MERSEA, Essex CO5 8EU  Tele: 01206 382486  E-MAIL [norfolkandsuffolkhprevents@gmail.com](mailto:norfolkandsuffolkhprevents@gmail.com) | | | |