Top Farm Hoopers

OPEN/LIMITED CHUK SHOW ENTRY FORM

<u>Top Farm Hoopers</u>



Saturday 21st September 2019

Top Farm House, West Somerton, NR29 4DH

CLOSING DATE FOR ENTRIES: Friday 13th September (Received)

ENTRY INSTRUCTIONS

- This entry form must be used by one person only. Your CHUK Handler registration number must be shown.
- Writing MUST BE IN INK OR INDELIBLE PENCIL.
- Please put classes in numerical order and USE BLOCK CAPITALS throughout when completing this entry form.
- Use one line only for each dog.
- All dogs must be REGISTERED with CHUK.
- The name of the dog and the dog's CHUK registration number must be shown for each dog entered.
 - **Note:** Dog's CHUK registration number is 6 digits, starting 88
- If an error is made, any points the dog may have gained may not be registered against them for progression.
- Dogs under 15 months of age on the day of the show cannot be entered for competition. If the dog turns 15 months on one of the days in a multi-day show they may enter classes on any day within the show.
- Please indicate if your dog needs to be measured at the show.
- On no account will entries be accepted without fees. Fees are £3 per class or all 6 for £15. Please make cheques payable to: J Smith
- PLEASE CHECK ALL DETAILS BEFORE POSTING.
- NOTE: Children under the age of 16 are the responsibility of a Parent or Guardian and must be supervised at all times including when competing.
- POST COMPLETED ENTRIES TO:
- Jan Smith, Highfields, Marsh Road, Halvergate, Norwich, NR13 3QB

Top Farm Hoopers

Handler's Name:

Top Farm Hoopers /21st September 2019

CHUK REG No:



Entry is subject to Canine Hoopers UK Rules & Regulations, available to download from the Files section at www.caninehoopersuk.co.uk

	Address:						
	Postcode:		-	Tel No:			
	Email:						
	Dog's Name		CHUK No	Class No	Level	Size (Also enter M if dog's measurement needs to be checked)	Fee (£3 per class or £15 for all 6)
						Total Fees Due:	
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DECLAI	RATION: [Must be sig	ned by all owners/ha	andlersj				
						us or contagious disease within I enter at my own risk.	21 days prior to t
landle	r's Signature:		Date	e:			