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| <b>THE LARGE MUNSTERLANDER CLUB</b><br><b>HPR GUNDOG WORKING TEST ENTRY FORM</b> | <b>WORKING TEST VENUE</b><br><b>HALL BARN, BEACONSFIELD, BUCKS</b><br><b>Sunday 30<sup>th</sup> June 2024</b> | <b>ENTRIES CLOSE:</b><br><b>Sat 15<sup>th</sup> June 2024</b> |
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**INSTRUCTIONS: Writing MUST BE LEGIBLE, 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 WORKING TESTS WILL ONLY BE ACCEPTED FROM GUNDOGS REGISTERED AT THE KENNEL CLUB IN THE GUNDOG GROUP**  
(vide Reg. J1.a., 7a(i) & B20) and if a registered dog has changed ownership the TRANSFER must be applied for before the closing of entries.  
**\*\*FEES MUST BE PAID WITHIN 24 HRS OF SENDING IN ENTRY\*\*** CHECK ALL DETAILS BEFORE SENDING

ENTRY FEES:  
**Members: £15.00**  
**Non-members: £20.00**  
**BACS:**  
**The Large Munsterlander Club**  
**Sort Code: 53-50-51**  
**Account: 58586644**  
**Ref: HBWT & Surname**

|   | REGISTERED NAME OF DOG<br>(BLOCK CAPITALS) | KENNEL CLUB REG NO.<br>STUD BOOK NO. ATC NO. | FULL DATE<br>OF BIRTH | BREEDER<br>(BLOCK CAPITALS) | SIRE<br>(BLOCK CAPITALS) | DAM<br>(BLOCK CAPITALS) | TEST |
|---|--|--|-----------------------|-----------------------------|--------------------------|-------------------------|------|
| 1 |  |  |                       |                             |                          |                         |      |
|   |  | BREED  | SEX                   |                             |                          |                         |      |
|   |  |  |                       |                             |                          |                         |      |
| 2 |  |  |                       |                             |                          |                         |      |
|   |  | BREED  | SEX                   |                             |                          |                         |      |
|   |  |  |                       |                             |                          |                         |      |

| Qualification<br>See Schedule | DATE | AWARD | TEST | PROMOTING SOCIETY | Name of Owner(s) (BLOCK CAPITALS) |
|-------------------------------|------|-------|------|-------------------|-----------------------------------|
| 1                             |      |       |      |                   | ADDRESS                           |
| 2                             |      |       |      |                   | Tel No: E-mail:                   |

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| <p>DECLARATION: "I/we agreed to submit to and be 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 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.<br/> I/we also declare that I/we are fully conversant with the G.W.T. Regulations and have studied the Guide to the Conduct of G.W.Ts.<br/> I/we further declare that, I/we believe to the best of my/our knowledge that the dogs entered are not liable to disqualification under Kennel Club G.W.T. Regulations."</p> <p>Usual Signature of Owner(s).....Date .....</p> <p>Note: Dogs entered in breach of Kennel Club G.W.T. Regulations are liable to disqualification whether or not the owner was aware of the breach.</p> | <p><u>Payment of entries:</u><br/> <b>BACS to The Large Munsterlander Club, Sort Code: 53-50-51,</b><br/> <b>Account No: 58586644 As a reference please use HBWT plus your surname</b><br/> <b>Cheques to The Large Munsterlander Club (Name &amp; Address on back of all cheques)</b></p> <p>Name Of Handler (BLOCK CAPITALS) ADDRESS</p> <p>Tel No: E-mail:</p> |
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