OFFICIAL ENTRY FORM CONI □Show #1 Friday □Show #2	OFFICIAL ENTRY FORM – OBEDIENCE Saskatoon Kennel & Obedience Club Inc ☐ Trial #1 Friday ☐ Trial #2 Saturday ☐ Trial #3 Sunday					
	nching & Power			ing Benching & l		
DONATION TO COMMEMORATIVE PALIATIVE CARE FUND: \$ I ENCLOSEFOR ENTRY FEESFOR LISTING FEES				COMMEMORATIVE PALI FOR ENTRY FEES _		D: \$ LISTING FEES
	ease type or print clearly	ISTING FEES	TENCLOSE		or print clearly	LISTING FEES
Breed	Variety	Sex	Breed		Variety	Sex
Enter in the following OFFICIAL ever Junior Puppy Senior Puppy Department De	bitor	UNOFFICIAL EVENT BABY Puppy (Sat) Owner/Handler (Sun) No charge Catalogue \$10.00	Reg'd. Name of Dog:	☐ Novice Intermediate ☐ Open A ☐ Open B ☐ Utility A RY FORM MUST BE USE	☐ Exhibition Onl☐ Veterans Obed☐ Brace Obedien	lience Wd
CRCK One - and - Enter Number n CKC Reg. CKC ERN No. CKC Misc. Cert. No. Listed	<u> D M Y Pl</u>	YES NO NO	Check one - and - Enter CKC Reg. No. CKC ERN No. CKC Misc. Cert. No. Listed □ CKC PE) .	Dat D	e of Birth M Y Place of Birth □ Canada □ Elsewhere
Breeder(s)			Breeder(s)			
Sire			Sire			
Dam			Dam			
Reg'd Owner(s)			Reg'd owner(s)			
Owner's Address			Owner's Address			
City Prov. Postal Code			City		Prov.	Postal Code
Name of Owner's Agent (if any) at the	Show		Name of Owner's Ager	nt (if any) at the show		
Agent's Address			Agent's Address			
City Mail I.D. to: Owner	Prov. Postal Co	ode	City Mail I.D. to:	Owner	Prov.	Postal Code
DOGSHOW TOLL F	REE FAX ENTRIES	Fax: (877) 993-6879	DOGSHO	OW TOLL FREE FAX	KENTRIES	Fax: (877) 993-6879
Visa Mastercard Interac	_ Am Express EFT		Visa Mastercard	Interac Am Expr	ress EFT	
Card NoExpiry/			Card No.			Expiry/
Name of Card Holder:			Name of Card Holde	er:		
I CERTIFY that I am the registered own whose name(s) I have entered above an consideration of the acceptance of this of Canadian Kennel Club and by any additi	d accept full responsibility for all entry, I (we) agree to be bound by	statements made in this entry. In the rules and regulations of the	I CERTIFY that I am the whose name(s) I have econsideration of the accomplete.	he registered owner(s) of the entered above and accept full	responsibility for all agree to be bound by	authorized agent of the owner(s) statements made in this entry. In the rules and regulations of the ring in the premium list.
SIGNATURE OF OWNER OR AGE	ENT TELEPHO	NE NUMBER	SIGNATURE OF OW	VNER OR AGENT	ТЕГЕРНО	NE NUMBER
E-mail		Please print clearly	E-mail			Please print clearly