

OFFICE USE	 <small>OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM OBEDIENCE</small> <b>CRANBROOK &amp; DISTRICT KENNEL CLUB</b> <b>OCTOBER 8 &amp; 9, 2016</b>	OFFICE USE	
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<b>OBEDIENCE TRIALS</b>		Entry fee _____
_____ Saturday #1	_____ Sunday #3	Listing fee _____
_____ Saturday #2	_____ Sunday #4	Catalogue _____
		TOTAL _____

PLEASE TYPE OR PRINT CLEARLY \_\_\_\_\_ **PREPAID CATALOGUE**

<b>BREED</b>	<b>VARIETY</b>	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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ENTER IN THE FOLLOWING CLASSES:		
<input type="checkbox"/> NOVICE A <input type="checkbox"/> NOVICE B <input type="checkbox"/> OPEN A <input type="checkbox"/> OPEN B <input type="checkbox"/> UTILITY A <input type="checkbox"/> UTILITY B	<input type="checkbox"/> PRE-NOVICE <input type="checkbox"/> NOVICE C <input type="checkbox"/> NOVICE INTERMEDIATE <input type="checkbox"/> EXHIBITION ONLY OBED <input type="checkbox"/> EXHIBITION ONLY (3-6 Mo.)	<input type="checkbox"/> GRADUATE NOVICE <input type="checkbox"/> GRADUATE OPEN <input type="checkbox"/> BRACE <input type="checkbox"/> TEAM <input type="checkbox"/> VETERANS <input type="checkbox"/> VERSATILITY <input type="checkbox"/> WILD CARD _____
_____ <b>JUMP HEIGHT</b>		_____ <b>LEVEL</b>

**REG'D. NAME OF DOG** \_\_\_\_\_

<b>CHECK ONE &amp; ENTER NUMBER BELOW:</b> <input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC MISC. CERT. NO. <input type="checkbox"/> CKC PEN NO.	<input type="checkbox"/> CKC ERN NO. <input type="checkbox"/> LISTED <input type="checkbox"/> CKC CCN NO.	<b>DATE OF BIRTH</b> _____ / _____ / _____ <small>Day Month Year</small>	<b>ON SHOW DATE IS THIS A PUPPY?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>NUMBER:</b> _____	<b>PLACE OF BIRTH</b> <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE
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**BREEDER(S)** \_\_\_\_\_

**SIRE** \_\_\_\_\_

**DAM** \_\_\_\_\_

<b>REG'D OWNER(S)</b> _____	<b>CKC MEMBERSHIP #</b> _____
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**OWNER'S ADDRESS**

<b>CITY</b> _____	<b>PROV./STATE</b> _____	<b>POSTAL CODE</b> _____
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**NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW** \_\_\_\_\_

**AGENT'S ADDRESS**

<b>CITY</b> _____	<b>PROV./STATE</b> _____	<b>POSTAL CODE</b> _____
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**IDs will not be mailed – please supply email address below for entry confirmation**

<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMERICAN EXPRESS
<b>CARD NO.</b> _____	<b>EXPIRY</b> _____ / _____	
<b>CARDHOLDER NAME (PLEASE PRINT)</b> _____		

I CERTIFY that I am the registered owner(s) of the dog or that I am the authorized agent of the owner(s) whose name(s) I have entered above and accept full responsibility for all statements made in this entry. In consideration of the acceptance of this entry, I (we) agree to be bound by the rules and regulations of the Canadian Kennel Club and by any additional rules and regulations appearing in the premium list.

**SIGNATURE OF OWNER OR AGENT** \_\_\_\_\_ **TELEPHONE NUMBER:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

OFFICE USE	 <small>OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM RALLY OBEDIENCE</small> <b>CRANBROOK &amp; DISTRICT KENNEL CLUB</b> <b>OCTOBER 8 &amp; 9, 2016</b>	OFFICE USE	
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<b>RALLY OBEDIENCE TRIALS</b>		Entry fee _____
_____ Saturday #1	_____ Sunday #3	Listing fee _____
_____ Saturday #2	_____ Sunday #4	Catalogue _____
		TOTAL _____

PLEASE TYPE OR PRINT CLEARLY \_\_\_\_\_ **PREPAID CATALOGUE**

<b>BREED</b>	<b>VARIETY</b>	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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ENTER IN THE FOLLOWING CLASSES:		
<input type="checkbox"/> NOVICE A (R.N.) <input type="checkbox"/> NOVICE B (R.N.) <input type="checkbox"/> INTERMEDIATE (R.I.)	<input type="checkbox"/> ADVANCED "A" (R.A.) <input type="checkbox"/> ADVANCED "B" (R..A.) <input type="checkbox"/> EXCELLENT "A" (R.E.) <input type="checkbox"/> EXCELLENT "B"(R.E.)	<input type="checkbox"/> EXHIBITION ONLY (RALLY) <input type="checkbox"/> EXHIBITION ONLY (3-6 Mo.)  <input type="checkbox"/> PREPAID CATALOGUE
	_____ <b>JUMP HEIGHT</b>	

**REG'D. NAME OF DOG** \_\_\_\_\_

<b>CHECK ONE &amp; ENTER NUMBER BELOW:</b> <input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC MISC. CERT. NO. <input type="checkbox"/> CKC PEN NO.	<input type="checkbox"/> CKC ERN NO. <input type="checkbox"/> LISTED <input type="checkbox"/> CKC CCN NO.	<b>DATE OF BIRTH</b> _____ / _____ / _____ <small>Day Month Year</small>	<b>ON SHOW DATE IS THIS A PUPPY?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>NUMBER:</b> _____	<b>PLACE OF BIRTH</b> <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE
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**BREEDER(S)** \_\_\_\_\_

**SIRE** \_\_\_\_\_

**DAM** \_\_\_\_\_

<b>REG'D OWNER(S)</b> _____	<b>CKC MEMBERSHIP #</b> _____
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**OWNER'S ADDRESS**

<b>CITY</b> _____	<b>PROV./STATE</b> _____	<b>POSTAL CODE</b> _____
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**NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW** \_\_\_\_\_

**AGENT'S ADDRESS**

<b>CITY</b> _____	<b>PROV./STATE</b> _____	<b>POSTAL CODE</b> _____
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**IDs will not be mailed – please supply email address below for entry confirmation**

<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMERICAN EXPRESS
<b>CARD NO.</b> _____	<b>EXPIRY</b> _____ / _____	
<b>CARDHOLDER NAME (PLEASE PRINT)</b> _____		

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**SIGNATURE OF OWNER OR AGENT** \_\_\_\_\_ **TELEPHONE NUMBER:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**TELEPHONE NUMBER** \_\_\_\_\_