



OFFICE USE		OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM		OFFICE USE
<h2 style="margin:0;">Doberman Pinscher Club of Canada</h2> <h3 style="margin:0;">July 29 and 30, 2016</h3>				

<u>RALLY-OBEDIENCE</u>		<u>OBEDIENCE</u>
_____ JULY 29	_____ Entry Fee _____ Listing Fee _____ Prepaid Catalogue _____ Total	_____ JULY 29

PLEASE TYPE OR PRINT CLEARLY GST no. R123176257

BREED	VARIETY	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ENTER IN THE FOLLOWING CLASSES:		
<u>RALLY OBEDIENCE</u> <input type="checkbox"/> NOVICE A (R.N.) <input type="checkbox"/> EXCELLENT "B" (R.E.) <input type="checkbox"/> NOVICE B (R.N.) <input type="checkbox"/> EXHIBITION ONLY (RALLY) <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> EXHIBITION ONLY (3-6 Mo.) <input type="checkbox"/> ADVANCED "A" (R.A.) <input type="checkbox"/> TEAM RALLY NOVICE <input type="checkbox"/> ADVANCED "B" (R.A.) <input type="checkbox"/> EXCELLENT "A" (R.E.) _____ JUMP HEIGHT	<u>OBEDIENCE</u> <input type="checkbox"/> NOVICE A <input type="checkbox"/> NOVICE C <input type="checkbox"/> NOVICE B <input type="checkbox"/> NOVICE INTERMEDIATE <input type="checkbox"/> OPEN A <input type="checkbox"/> TEAM OBEDIENCE <input type="checkbox"/> OPEN B <input type="checkbox"/> VETERANS OBEDIENCE <input type="checkbox"/> UTILITY A <input type="checkbox"/> VETERANS ONLY <input type="checkbox"/> UTILITY B <input type="checkbox"/> EXHIBITION ONLY (3-6Mo.) <input type="checkbox"/> PRE-NOVICE _____ JUMP HEIGHT	

REG. NAME OF DOG

CHECK ONE - AND - ENTER NUMBER BELOW		DATE OF BIRTH	ON SHOW DATE IS THIS A PUPPY?
<input type="checkbox"/> CKC REG. NO.	<input type="checkbox"/> CKC ERN NO. LISTED	____/____/____ <small>Month Day Year</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> CKC MISC. CERT. NO.	<input type="checkbox"/> LISTED		
NUMBER:		PLACE OF BIRTH	
		CANADA ELSEWHERE	

BREEDER(S)

SIRE

DAM

REG'D OWNER(S)

OWNER'S ADDRESS

CITY	PROV./STATE	POSTAL CODE
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NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW

AGENT'S ADDRESS

CITY	PROV./STATE	POSTAL CODE
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IDs will not be mailed - please supply email address below for entry confirmation

VISA MASTERCARD AMEX



CARD NO. _____ EXPIRY ____/____/____

CARDHOLDER NAME (PLEASE PRINT) _____

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. I will allow a photograph of my dog or myself on the AKC website

SIGNATURE OF OWNER OR AGENT

E-MAIL: _____ TELEPHONE NUMBER _____

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<u>CONFORMATION</u>		<u>SWEEPSTAKES</u>
_____ JULY 30	_____ Entry Fee _____ Listing Fee _____ Prepaid Catalogue _____ Total	_____ JULY 30

PLEASE TYPE OR PRINT CLEARLY GST no. R123176257

BREED	VARIETY	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ENTER IN THE FOLLOWING CLASSES:		
<u>CONFORMATION</u> <input type="checkbox"/> BABY PUPPY <input type="checkbox"/> SPECIALS ONLY <input type="checkbox"/> JUNIOR PUPPY <input type="checkbox"/> EXHIBITION ONLY <input type="checkbox"/> SENIOR PUPPY <input type="checkbox"/> EXHIBITION ONLY (3-6 Mo.) <input type="checkbox"/> 12 - 18 MONTH <input type="checkbox"/> VETERANS <input type="checkbox"/> CANADIAN BRED <input type="checkbox"/> BRED BY EXHIBITOR <input type="checkbox"/> OPEN	<input type="checkbox"/> BRACE <input type="checkbox"/> STUD DOG & GET <input type="checkbox"/> BROOD BITCH & PROGENY <input type="checkbox"/> PARADE OF VETERANS <input type="checkbox"/> ALTERED	<u>SWEEPSTAKES</u> <input type="checkbox"/> 6-9 MONTH <input type="checkbox"/> 9-12 MONTH <input type="checkbox"/> 12-18 MONTH <input type="checkbox"/> 7 - 10 YEAR VETERANS <input type="checkbox"/> 10 + YEAR VETERANS

REG. NAME OF DOG

CHECK ONE - AND - ENTER NUMBER BELOW		DATE OF BIRTH	ON SHOW DATE IS THIS A PUPPY?
<input type="checkbox"/> CKC REG. NO.	<input type="checkbox"/> CKC ERN NO. LISTED	____/____/____ <small>Month Day Year</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> CKC MISC. CERT. NO.	<input type="checkbox"/> LISTED		
NUMBER:		PLACE OF BIRTH	
		CANADA ELSEWHERE	

BREEDER(S)

SIRE

DAM

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SIGNATURE OF OWNER OR AGENT

E-MAIL: _____ Telephone Number _____