



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM
GREATER VICTORIA DOG OBEDIENCE TRAINING CLUB
ALL BREED OBEDIENCE TRIALS 2018

- OB TRIAL 1 MAY 26 OB TRIAL 2 MAY 26
 OB TRIAL 3 MAY 27 OB TRIAL 4 MAY 27



ENTRY FEE \$ _____ LISTING FEE \$ _____ CATALOGUE \$ _____ TOTAL \$ _____

PLEASE MAKE ALL CHEQUES AND MONEY ORDERS PAYABLE TO **GVDOTC** OR "GREATER VICTORIA DOG OBEDIENCE TRAINING CLUB"

AND MAIL TO **GVDOTC c/o AMALIE BUSH 596 NORMANDY RD VICTORIA BC V8Z 3J2**

ENTRIES CLOSE **FRIDAY MAY 11TH AT 6 PM** OR WHEN THE LIMIT OF 360 MINUTES OF JUDGING IS REACHED FOR EACH JUDGE,
 WHICHEVER OCCURS FIRST

REGULAR CLASSES		
PRE NOVICE <input type="checkbox"/>	OPEN HA <input type="checkbox"/>	OPEN 18A <input type="checkbox"/>
NOVICE A <input type="checkbox"/>	OPEN HB <input type="checkbox"/>	OPEN 18B <input type="checkbox"/>
NOVICE B <input type="checkbox"/>	UTILITY A <input type="checkbox"/>	
NOVICE C <input type="checkbox"/>	UTILITY B <input type="checkbox"/>	
NOVICE INTERMEDIATE <input type="checkbox"/>	EXHIBITION ONLY <input type="checkbox"/>	
		JUMP HEIGHT _____ WIDTH _____
REG'D NAME OF DOG _____		
BREED _____	VARIETY _____	SEX _____
CHECK ONE	ENTER NUMBER	DATE OF BIRTH
<input type="checkbox"/> CKC REG. NO.	_____	DAY _____ MONTH _____ YEAR _____
<input type="checkbox"/> CKC ERN		
<input type="checkbox"/> CKC MCN		
<input type="checkbox"/> CKC PEN		
<input type="checkbox"/> LISTED		PLACE OF BIRTH
		<input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE
BREEDER (S) _____		
SIRE _____		
DAM _____		
REG'D OWNER (S) _____		CKC MEMBERSHIP # _____
OWNERS ADDRESS _____		
CITY _____	PROV/STATE _____	POSTAL CODE/ZIP _____
AGENT (IF ANY) _____		
AGENTS ADDRESS _____		
CITY _____	PROV/STATE _____	POSTAL CODE/ZIP _____
MAIL ACKNOWLEDGEMENT TO - <input type="checkbox"/> OWNER <input type="checkbox"/> AGENT		

I CERTIFY THAT I AM THE REGISTERED OWNER(S) OF THE DOG OR THAT I AM THE AUTHORIZED AGENT OF THE ACTUAL 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

OWNER/AGENT _____ PHONE () _____

EMAIL ADDRESS OWNER/AGENT _____

GREATER VICTORIA DOG OBEDIENCE TRAINING CLUB
TROPHY ELIGIBILITY FORM

DOG _____ TRIAL 1
 OWNER _____ TRIAL 2
 BREED _____ TRIAL 3
 CLASS _____ TRIAL 4

PLEASE IN THE IN THE APPROPRIATE BOX ADJACENT TO THE AWARD YOU ARE ELIGIBLE TO RECEIVE

CLUB NAME _____ OB RALLY _____

COWICHAN DOG OBEDIENCE CLUB		
GREATER VICTORIA DOG OBEDIENCE TRAINING CLUB		
NORTH SAANICH DOG OBEDIENCE TRAINING CLUB		
VANCOUVER ISLAND PAWS DOG OBEDIENCE GROUP		

TROPHY ELIGIBILITY FORMS MUST BE SUBMITTED WITH ENTRIES. EXHIBITORS WILL NOT BE ELIGIBLE FOR AWARDS IF A TROPHY FORM IS NOT SUBMITTED. EXHIBITORS WHO QUALIFY FOR A TROPHY MUST BE PRESENT OR HAVE A REPRESENTATIVE PRESENT WHEN THE TROPHY IS AWARDED.



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM
GREATER VICTORIA DOG OBEDIENCE TRAINING CLUB

ALL BREED RALLY OBEDIENCE TRIALS 2018

- RALLY TRIAL 1 MAY 26 RALLY TRIAL 2 MAY 26
 RALLY TRIAL 3 MAY 27 RALLY TRIAL 4 MAY 27



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WHICHEVER OCCURS FIRST

REGULAR CLASSES			
RALLY NOVICE A	<input type="checkbox"/>	RALLY ADVANCED A	<input type="checkbox"/>
RALLY NOVICE B	<input type="checkbox"/>	RALLY ADVANCED B	<input type="checkbox"/>
RALLY INTERMEDIATE	<input type="checkbox"/>	RALLY MASTER	<input type="checkbox"/>
EXHIBITION ONLY	<input type="checkbox"/>	JUMP: UNDER 10"	= 6" <input type="checkbox"/>
		10"-14"	= 8" <input type="checkbox"/>
		15"-19"	= 12" <input type="checkbox"/>
		20" +	= 16" <input type="checkbox"/>
REG'D NAME OF DOG _____			
BREED _____ VARIETY _____ SEX _____			
CHECK ONE	ENTER NUMBER	DATE OF BIRTH	
<input type="checkbox"/> CKC REG. NO.	_____	DAY _____ MONTH _____ YEAR _____	
<input type="checkbox"/> CKC ERN			
<input type="checkbox"/> CKC MCN			
<input type="checkbox"/> CKC PEN		PLACE OF BIRTH	
<input type="checkbox"/> LISTED	IS THIS A PUPPY? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE	
BREEDER (S) _____			
SIRE _____			
DAM _____			
REG'D OWNER (S) _____			
CKC MEMBERSHIP # _____			
OWNERS ADDRESS _____			
CITY	PROV/STATE	POSTAL CODE/ZIP	
AGENT (IF ANY) _____			
AGENTS ADDRESS _____			
CITY	PROV/STATE	POSTAL CODE/ZIP	
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TROPHY ELIGIBILITY FORM**

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