



**Official Kennel Club Entry Form
Wascana Dog Obedience Club Inc.
ALL BREED, MIXED BREED AND UNRECOGNIZED BREED
OBEDIENCE ENTRY FORM**



Make cheques payable to Wascana Dog Obedience Club Inc

Saturday, Oct 16, 2021 Trial # 1 Sunday, Oct 17, 2021 Trial #3
 Saturday, Oct 16, 2021 Trial #2 Sunday, Oct 17, 2021 Trial #4

Entries Close: Sept 30, 2021 8:00 pm CST or when limit is reached

Entry Fees - \$ 27.00 per trial or \$100 for 4 trials (same dog)

Exhibition Only per trial- \$ 8.00 Listing Fees - \$ 10.50 per trial

Entry Fee \$	TCN Fee \$	Total \$
Total \$		

BREED	VARIETY:	SEX Male <input type="checkbox"/> Female <input type="checkbox"/>
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JUMPS :Height	Width	
<input type="checkbox"/> Pre-Novice	<input type="checkbox"/> Novice Intermediate	<input type="checkbox"/> Open HB
<input type="checkbox"/> Novice A	<input type="checkbox"/> Open 18 A	<input type="checkbox"/> Utility A
<input type="checkbox"/> Novice B	<input type="checkbox"/> Open HA	<input type="checkbox"/> Utility B
<input type="checkbox"/> Novice C	<input type="checkbox"/> Open 18 B	<input type="checkbox"/> EXHIBITION ONLY

Registered Name: _____

Check one ONLY

<input type="checkbox"/> CKC Reg #	<input type="checkbox"/> CKC CCN #	Enter Number _____	Date of Birth _____/_____/_____ day month year
<input type="checkbox"/> CKC ERN #	<input type="checkbox"/> TCN Reg #	_____	
<input type="checkbox"/> CKC Misc Cert #			
<input type="checkbox"/> CKC PEN #	Place of Birth _____		<input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere

Breeder/s _____

Sire _____

Dam _____

Reg Owner/s _____	CKC Membership # _____
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Owner's Address _____

City _____ Prov. _____ Postal Code _____

Agent's Name (if any) _____

Agent's Address _____

I certify that I am the registered owner/s of this dog or that I am the authorized agent of the owner/s whose name/s are entered above and I accept full

I certify that I am the registered owner/s of this dog or that I am the authorized agent of the owner/s whose name/s are entered above and I 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 CKC and by any additional rules and regulations in the premium list.

City _____ Prov. _____ Postal Code _____

IDs will NOT be mailed. Please supply email address below for entry confirmation

MAIL OR DROP OFF ENTRIES AT: 2270 Princess Street, Regina, SK S4T 3Z8

For ONLINE Entries VISA/MASTER CARD/AMERICAN EXPRESS INFORMATION

VISA MASTER CARD AMERICAN EXPRESS

CARD # _____ Expiry Date _____/_____/_____
Month Year

Name of Card Holder _____

Signature _____ Phone # _____